State PATH Contact Welcome Manual

SAMHSA's Strategic Initiatives

1. Prevention of Substance Abuse & Mental Illness
2. Trauma & Justice
3. Military Families
4. Recovery Support
5. Health Reform
6. Health Information Technology
7. Data, Outcomes, & Quality
8. Public Awareness & Support

= The End of Homelessness

Table of Contents

Section 1: What is PATH?

Overview

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 created the Projects for Assistance in Transition from Homelessness (PATH) program.[2] The PATH program is a federal formula grant distributed to each state, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, American Samoa, and the U.S. Virgin Islands. The PATH program supports the delivery of outreach and services to individuals with serious mental illnesses and those with co-occurring substance use disorders who are experiencing homelessness or at imminent risk of homelessness.

The 50 states and the United States (U.S.) territories receive PATH funding from the Center for Mental Health Services (CMHS), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS). These states and territories are referred to as PATH grantees. They solicit proposals and award funding to local public or nonprofit organizations to provide a variety of essential services to individuals who have serious mental illnesses, may have co-occurring substance use disorders, and are experiencing homelessness or are at imminent risk of homelessness. Over 500 providers focus on these vulnerable members of our society and provide services that may not be supported by mainstream mental health programs.

PATH funding leverages state and local resources. States must match PATH funds directly or indirectly through donations from public or private entities in order to provide non-federal contributions in an amount that is not less than one dollar for every three dollars of federal PATH funds received. This creates a network of human service organizations accessible to people who are experiencing homelessness and serious mental illness and who may also have co-occurring substance use disorders.

The Homeless Programs Branch of SAMHSA, which is within CMHS, administers the PATH program. The PATH Director and Government Project Officers (GPOs) provide federal oversight of the program. GPOs are assigned to each state and territory by SAMHSA to assist the State PATH Contacts (SPCs) in managing the PATH program. GPOs address issues related to the PATH legislation, the PATH application, program monitoring, and other areas as needed.

The Homeless and Housing Resource Network (HHRN) assists CMHS in providing support and technical assistance (TA) to PATH grantees, as well as to over 500 local providers and subcontractors. These services are provided via online trainings, webinars, and teleconferences, and through the PATH website (http://pathprogram.samhsa.gov). The State PATH Contact Resource Center (SPCRC), a section of the PATH website specifically for State PATH Contacts located under the Grantee Resource Center tab on the home page, is designed to communicate with SPCs. HHRN also serves as a data coordinating center, providing data collection, analysis, and reporting for the PATH program. A thorough description of HHRN services is in Section V.

---

2   PATH legislation is available on the PATH website and can be accessed by clicking here. It is also available in Appendix A of this document.

Eligible Services

Virtually all states use PATH funds to provide outreach services to contact and engage people not currently connected to mainstream services. In many states, PATH funds are the only funds available for outreach within the mental health system. Eligible services through PATH are as follows:

- » Outreach
- » Screening and diagnostic treatment
- » Habilitation and rehabilitation
- » Community mental health
- » Alcohol and drug treatment
- » Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are experiencing homelessness and serious mental illness seek services
- » Case management services, including:
    - » Preparing a plan for the provision of community mental health and other supportive services to the eligible homeless individual involved and reviewing such plan not less than once every 3 months;
    - » Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing services;
    - » Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
    - » Referring the eligible homeless individual for such other services as may be appropriate; and
    - » Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services
- » Supportive and supervisory services in residential settings
- » Referral for primary health services, job training, educational services, and relevant housing services
- » Housing services as specified in Section 522(b)(10) of the Public Health Service Act, including:
    - » Minor renovation/expansion/repair of housing,
    - » Planning of housing,
    - » Technical assistance in applying for housing assistance,
    - » Improvement in the coordination of housing services,
    - » Security deposits,
    - » Costs associated with matching eligible individuals who are homeless with appropriate housing situations, and
    - » One-time rental payments to prevent eviction

For a detailed description of service definitions, please refer to the PATH Annual Report Provider Guide, which can be found on the Grantee tab, in the SPCRC on the PATH website (http://pathprogram.samhsa.gov).

State and Territory PATH Contacts: Roles and Responsibilities

Since the passage of the Government Performance Results Act (GPRA) in 1993, federal agencies have moved steadily toward reporting on accountability for results such as measuring what the program actually accomplished with the funding expended. As the PATH program continues to move toward performance-based measures and outcomes, the following categories are minimum responsibilities and expectations for those who serve as State PATH Contacts (SPCs).

Data

- » Participate in training and other activities to assist providers in collecting and reporting PATH client data into the local Homeless Management Information System (HMIS) by the end of state fiscal year 2016.
- » Become familiar with PATH GPRA measures and their relationship to data collected in the PATH Annual Report.
- » Implement activities with providers to increase performance of the PATH program as measured by data presented in the data tables for their state/territory and compared to the national averages for GPRA performance measures.
- » Ensure the accuracy of data submitted by providers for the PATH Annual Report. HHRN will not contact providers to ensure data accuracy except in special circumstances authorized by SAMHSA's PATH Director or the HHRN PATH Lead.
- » Ensure timely submission of the PATH Annual Report to SAMHSA.

PATH Application

- » Prepare the annual PATH application and ensure its timely submission to SAMHSA.
- » Review the provider-level information in the Intended Use Plans (IUPs) to ensure it is reasonable, necessary, and allowable.
- » Confirm provider activities included in the IUPs are authorized in the PATH legislation.
- » Ensure the PATH application is complete and accurate before submission to SAMHSA.

Providers

- » Establish program priorities for use of PATH funds by providers that, at a minimum, must include:
  - » Targeting persons who are experiencing homelessness as a priority population and maximize serving the most vulnerable adults who are literally and chronically homeless
  - » Conducting street outreach and case management as priority services.
- » Identify and select PATH providers who agree to support and implement the required minimum program priorities indicated above.
- » Communicate regularly with providers by convening periodic meetings, webcasts, and teleconferences.
- » Monitor providers at least annually to ensure the minimum program priorities indicated above are provided, PATH funds are expended appropriately, and data is collected and reported for the PATH Annual Report.
- » Host and facilitate access to providers for federal monitoring site visits.
- » Update provider information in the PATH Data Exchange (PDX) regularly.
- » Assist in coordinating training and technical assistance activities for providers related to program priorities, data collection, HMIS implementation, evidence-based practices, and other activities necessary to improve program performance on GPRA and other program measures.
- » Provide and encourage local training of interest to providers.
- » Sponsor regional meetings encouraging networking opportunities and sharing of ideas with other states in the region.

Consumer Involvement

The PATH program highly values the active participation of peers and consumers. The lived experience of peers and consumers is vital in crafting effective programs that truly engage and meet the needs of PATH-eligible persons. It is important to engage peers and consumers as colleagues and partners to ensure their voices and experiences shape PATH services and priorities and benefit current clients. There are a number of avenues for successful peer and consumer participation.

Peers can be crucial in the outreach process, especially in gaining the trust of persons experiencing homelessness and who have serious mental illness. Consumers who participate in agency boards, local mental health boards, workgroups, or committees can provide insight to help organizations and local communities create service models that are genuinely client-centered. To the extent possible, State PATH Contacts should promote involvement of peers and consumers in all aspects of program planning, program evaluation, and service delivery by:

- » Encouraging employment of consumers by providers and state and local offices;
- » Identifying whether consumers serve on local mental health boards, panels, workgroups, and committees, and assisting with recruitment of consumers for these groups, where possible; and
- » Involving consumers in evaluating PATH-funded services.

Additional resources for consumer involvement can be found in Appendix J.

Agency Collaboration

- » Explore possible ways to increase resources by collaborating with other agencies through one or more of the following activities:
    - » Work with the local Continuum of Care entities (funded by the U.S. Department of Housing and Urban Development) to assist providers in using HMIS and to coordinate homeless services locally.
    - » Collaborate with state homeless coalitions.
    - » Identify new partners (e.g., mental health planning and advisory councils, peer organization groups, downtown business groups).
    - » Explore options for collaborations with Mental Health and Substance Use Block Grant programs, the U.S. Department of Veterans Affairs, and other mainstream programs (e.g., Social Security Administration, Temporary Assistance for Needy Families [TANF], and Medicaid) to gain support for PATH consumers.
- » There are a variety of resources identified throughout this manual to assist SPCs in their role as managers of the PATH program, including:
    - » TA and training from HHRN, including webinars and trainings on HMIS, the PATH Annual Report, and evidence-based practices (see Section V);
    - » A mentoring program for new SPCs to assist them in acclimating to their role (see Section V);
    - » The PATH website (http://pathprogram.samhsa. gov), containing the SPC Resource Center (SPCRC), a separate section of the website for SPCs to access information and documents (see Section V); and
    - » Helpful hints from Government Project Officers (GPOs) and SPCs on applying for PATH funding, reporting PATH data, and monitoring PATH providers (see Sections II through IV).
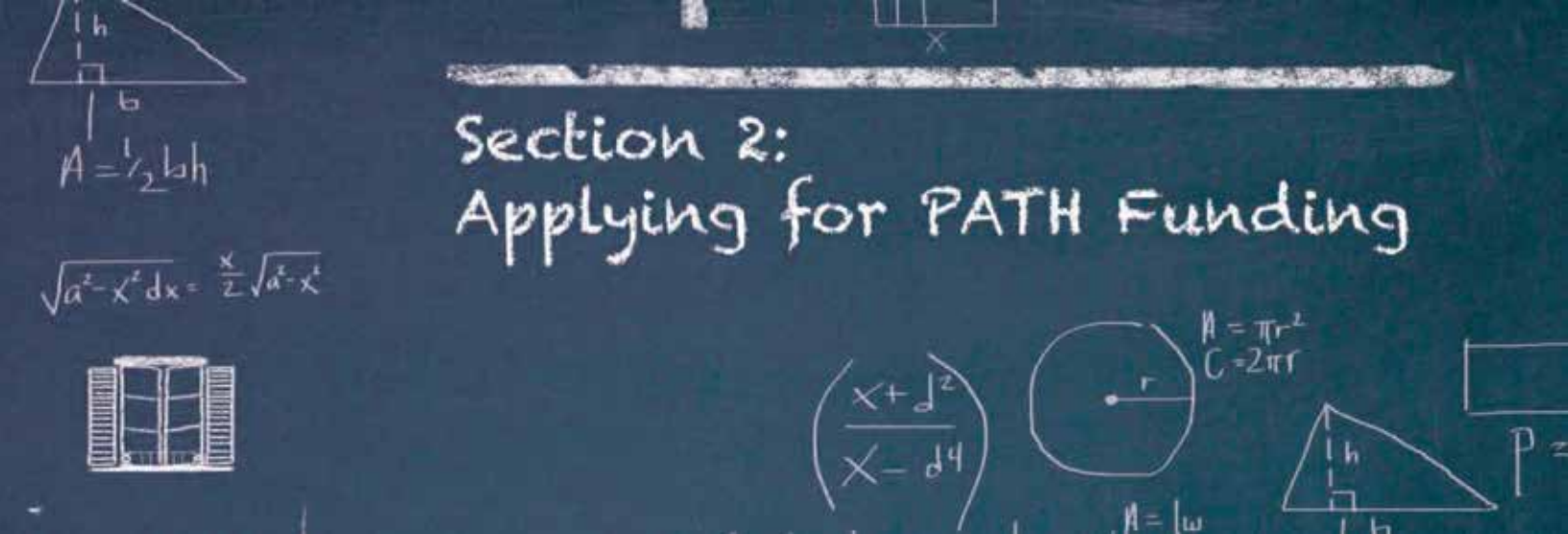
Overview

The states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are eligible to apply for grants under the PATH program. Section 522 of the Public Health Service Act requires states to use funding for making grants to political subdivisions of the state and to nonprofit entities. A state match of not less than one dollar for every three dollars of federal PATH funds is necessary. The state can match the funds directly or through contributions from local public or private/non-federal contributions. The territories are exempt from the match requirement.

Each year, CMHS, which is within SAMHSA, issues a Request for Applications (RFA). States and territories must complete the application included in the RFA to receive PATH funding. SPCs are responsible for preparing and submitting the federal PATH grant application under the signature of the governor (or designee) of the state or territory. SPCs receive notification via the PATH listserv that the RFA is available. The RFA will be available on the WebBGAS website at https://bgas.samhsa.gov; the RFA is also sent to the governor of the state and the director of the SPC's agency. The application due date is 60 days from the release of the RFA, and the application must be submitted through WebBGAS, a web-based application system used for SAMHSA Block Grants and the PATH program.

SPCs must review the RFA carefully each year, as the application content may change. SAMHSA hosts a webcast for SPCs to review the annual RFA with the national PATH Director. Materials from the webcast are posted on the SPCRC.

Application Requirements

SPCs must complete the WebBGAS sections that include the following required application components:

- » State Information Page
- » Budget Form
- » Project Narrative and Supporting Documentation
- » Assurances
- » Certifications
- » Agreements (including Charitable Choice)
- » Disclosure of Lobbying Activities (if applicable)

The Project Narrative describes the project and consists of the following sections:

- » Executive Summary
- » State-Level Information
- » Local Provider Intended Use Plans (IUPs)

Within the Project Narrative, the Executive Summary includes the following information:

- » List of the organizations to receive PATH funds,
- » Amount of PATH funds received by each provider,
- » Geographic area(s) to be served,
- » Amount and source of matching funds to be provided,

» Projected number of individuals to be contacted,

» Projected number of individuals to be enrolled, and

» Services to be provided using PATH funds.

The state-level or territory-level information in the Project Narrative consists of the following elements:

» The state or territory's operational definitions of the following terms:

  » Homeless individual,

  » Imminent risk of becoming homeless,

  » Serious mental illness, and

  » Co-occurring serious mental illness and substance use disorders;

» Description of how the state gives special consideration to entities with demonstrated effectiveness in serving veterans experiencing homelessness;

» Description of how PATH-funded services will reduce barriers to access services that sustain recovery for individuals with mental and substance use disorders who are experiencing homelessness;

» Description of how street outreach and case management will be prioritized as PATH-funded services and will be used to serve the most vulnerable adults;

» Description of how PATH funding allocations are consistent with the state or territory's Comprehensive Mental Health Services Plan;

» Description of how PATH funding allocations are consistent with the state or territory's Plan to End Homelessness;

» Description of the process for providing public notice and allowing public comment on the proposed use of PATH funds;

» Description of the provision of programmatic and fiscal oversight;

» Description of the selection process for PATH-funded providers;

» Estimated number of individuals who are homeless and who have a serious mental illness by each region or geographic area of the state or territory;

» Description of the source of required matching non-federal contributions and assurances of availability of contributions;

» Indication of Mental Health Block Grant, Substance Abuse Block Grant, and/or general revenue funds designated specifically for serving people who are experiencing homelessness and who have a serious mental illness;

» Description of the state's and providers' status on HMIS transition and associated plans (states that are fully utilizing HMIS for PATH services should submit a plan for continued training and support for new providers); and

» Information on how the state provides, pays for, or supports evidence-based practices and other trainings for PATH-funded staff.

The Project Narrative section also includes the PATH providers' Intended Use Plans (IUPs).

The Intended Use Plan is the local providers' request for PATH funding from the state or territory. The purpose of the IUP is for local providers to describe their intended plan to deliver PATH-eligible services with the funding received. The SPC's role is to decide whether the request meets the priorities for the state or territory, the targeted needs, and grant eligibility guidelines. The state or territory must include the following information for each PATH-funded provider in the Intended Use Plan:

» Brief description of the provider organization;

» Description of the organization's participation in the HUD Continuum of Care program;

» Description of the organization's partnerships with local community organizations;

» Description of the organization's plan to provide services to eligible PATH clients;

» Description of the provider's status on HMIS transition;

» Description of the provider's plan to train staff on SSI/SSDI Outreach, Access, and Recovery (SOAR);

» Description of strategies for making housing available to PATH clients;

» Description of the demographics of staff serving clients;

» Description of the demographics of the client population, projected numbers of clients to be contacted and enrolled, and the percentage of clients served who are literally homeless;

» Description of how consumers will be involved at the organizational level in planning, implementation, and evaluation of PATH-funded services; and

» A budget narrative that includes the provider's use of PATH funds.

Please see Appendix B for additional information about Intended Use Plans.

Submission of Application

States and territories must submit the PATH grant application electronically through WebBGAS (https://bgas.samhsa.gov/). WebBGAS is a web-enabled block grant management system that allows for the submission, review, approval, and archiving of PATH applications. For guidance on electronic submission, please see the instructions provided in the most recent RFA. Additional guidance on the use of WebBGAS can be found in Appendix C.

To ensure a successful electronic submission, please confirm the following:

> » The organization must have a DUNS number, and the DUNS number you use on your application must be registered and active in the System for Award Management (SAM).

> » The organization must be registered and active in the SAM (https://www.sam.gov). SAM information must be updated at least every 12 months to remain active.

> » SPCs have the option to enter information in WebBGAS in the form of a narrative or to upload the information in Microsoft Word, Microsoft Excel, or PDF documents. Use of file formats other than Microsoft Office or PDF for any uploaded documents may result in SAMHSA and the other reviewers' inability to read the file.

> » Applicants must submit all of the information required in the RFA, including any forms specific to the PATH application.

States and territories should submit their applications in WebBGAS early enough to resolve any unanticipated difficulties prior to the deadline.

Helpful Hints from Government Project Officers

Your Government Project Officer (GPO) is willing and able to assist you at any point in the process and strongly encourages you to ask questions. It is far easier to clarify in advance than to submit revisions during the review process. A listing of GPO state and territory assignments and individual contact information is available in Appendix D.

> » The annual PATH application is not a competitive process at the federal level; however, your state or territory may use a competitive process to select PATH providers.

> » Read the RFA carefully, as reporting requirements sometimes change from year to year.

> » Follow instructions. Failure to use the recommended format, numbering, and order can delay review of your application.

> » Keep responses as brief as possible, but fully address each question.

> » Use headers and subsections in the application to make the review process easier and more effective for the reviewers.

> » Using the WebBGAS system, SPCs have the option to enter information in the form of a narrative or to upload the information in Microsoft Word, Microsoft Excel, or PDF documents. Information entered into WebBGAS will be archived and will remain accessible to the SPC in WebBGAS the following year and may decrease the need to reenter information that remains the same from year to year.

> » Update local providers regarding the current reporting format. Carefully review each site's IUP for accuracy, completeness, and adherence to the reporting format.

> » Start the process of obtaining the governor's signature(s) early. If you are unable to obtain the signature before the deadline, you may submit an advance copy of your application to SAMHSA with a letter stating that the form(s) to be signed by the governor are in the process of signature. Also, include in the letter the date on which you anticipate submission to SAMHSA. Your governor may also designate a department head to sign the agreement on his/her behalf. Submit the designation letter authorizing a department head to sign the application with the grant application. The designation letter is only good for one year unless the governor indicates in the letter that the authorization is valid until revoked or until the end of his/her term.

> » Include information on how you obtained the number of individuals who are experiencing homelessness and who have a serious mental illness in your state or territory and the source(s) you used to collect the information.

> » Include the assurance that non-federal matching funds will be available at the beginning of the grant period. This requirement sounds simple, but it is often missing from the application. Only one or two sentences are necessary for the entire response.

Helpful Hints from State PATH Contacts

Plan ahead and start your application as soon as possible. It is possible to complete several tasks for the application before release of the RFA (e.g., collecting state-level information). Several states schedule a training session or conference call with providers to prepare them for the RFA. If you are new to PATH administration, contact your State Office of Grants Management or Contracts to ensure that you follow the state-required contracting processes.

» Review the application submitted last year in advance of the RFA.

» Secure the governor's signature(s) as early as possible to avoid delays in submission. If you are unclear if a designation letter is on file, contact the Grants Management Officer.

» Contact your providers early in the process. Issuance of the RFA is to the states, not the providers, so the SPC is responsible for notifying them of the annual application requirements. Send the IUP requests to them as soon as possible.

» Require providers to submit their IUPs at least three weeks prior to when you actually need the documents. The IUPs are a part of your state's application for funding, so you will want to review and revise these documents carefully, as needed, in coordination with the local agency. For example, a provider requests a certain amount of PATH funding in the IUP and the SPC must approve the request. If the SPC does not approve the amount initially requested, the local provider must amend the IUP and budget and resubmit it with the amount the SPC approved. Check to make sure the provider changed the amount of PATH funding requested in the IUP.

» Check for the following:
  » Correct federal fiscal year (possibly different than the state fiscal year and the PATH program year),
  » Services provided are eligible under PATH and appropriate to the identified needs,
  » Administrative costs fall within the 4 percent cap, and
  » Housing assistance in the state PATH budget consists of 20 percent or less of the total state PATH allocation.

» Consider including a question in the IUP regarding proposed outcomes.

» Submit consistent information. The information in the IUP needs to be consistent with the state section. For example, each organization in the IUP's projected number of clients served and the amount of funds received must match the figures reported in the state-level information. Before submission of the application to SAMHSA, double check the numbers to make sure they are the same.

» Submit an IUP for each PATH-funded organization. If your state does not select organizations to receive PATH funding before the PATH application is due, provide as much information as possible about the intended use of PATH funds. For example, if the organizations funded in the prior year are the same organizations for the current year, but the state RFP process is not complete, you may submit information about the organizations from the prior year. Once the selection process is complete, submit a revised IUP to SAMHSA. Also, in the Project Narrative, indicate any changes in providers compared to the prior year and state the rationale for the changes.

» Review the local budgets carefully to account for their match (if required) and indicate the match and federal funds separately in their budgets. The budget for each provider requires accuracy and justification for each item requested. Again, make sure to leave enough time to check this information.

» Be flexible and supportive of provider needs and base the determination of funding or continuation of funding on those needs, as well as on service gaps in their geographical areas.

» Review your most recent PATH federal site visit report to address areas for improvement or accomplishments.

Section 3:
PATH Reporting &
Data Collection

Reporting Requirements

Each provider receiving federal PATH funds must submit an annual report via the PATH Data Exchange (PDX) (www.pathpdx.org). HHRN serves as a data coordinating center, providing data collection, analysis, and reporting for the PATH program.

In accordance with federal PATH legislation, no later than January 31 of each fiscal year the state will prepare and submit to SAMHSA "an annual report in such form and containing such information as SAMHSA determines to be necessary for:

1. Securing a record and a description of the purposes for which amounts received under section 521 of this title were expended during the preceding fiscal year and of the recipients of such amounts, and

2. Determining whether such amounts were expended in accordance with the provisions of this part (Section 521 of the legislation).

(b) AVAILABILITY TO PUBLIC OF REPORTS—
SAMHSA may not make grant payments unless the state agrees to make copies of the reports available for public inspection."

Reporting Process

PATH Annual Report data are collected in the PATH Data Exchange (PDX) during the PATH reporting period, which typically occurs in the fall each year. SPCs and PATH providers are notified when the reporting period is open and of the date of the federal deadline. Many states establish an early submission deadline for their providers to allow the SPC time to review and confirm the data reports by the federal deadline.

All new State PATH Contacts are added as users to the PDX system. If you have not yet received your PDX log-in information, please contact HHRN at path@samhsa.hhs.gov.

Step One

Indicate the providers that are reporting.

A. Navigate to the "Providers" tab in PDX. Above the "Year" column, use the drop down list to select the correct reporting year.

B. Check your provider list to see if providers are correctly indicated as "Active" and "Reporting" for that year.

C. If changes are needed, click on the provider agency name to open this provider's profile. Once in the profile, you can select or unselect "Active" and "Reporting" next to the appropriate year in the "Reporting Details" section. Click "Save" when you are done making changes.

D. If there are new providers, click "Add Provider" at the bottom of your provider list and complete the requested information to add that provider to the PDX system.

Step Two

A listserv message is sent to all SPCs and PATH providers to announce the annual reporting period. The message will include information about accessing a copy of the annual report form and the Annual Report Provider Guide on the PATH website. Webinars are also offered at the beginning of each reporting period to explain the process and allow time for questions. SPCs should follow up with their providers to confirm that they received the information about the annual report.

Step Three

Support and monitor providers during the data entry process and request TA from HHRN as needed.

Step Four

Review provider Annual Reports and address issues prior to the close of the data reporting process.

Step Five

After review, approve each provider's PATH Annual Report in the PDX system.

Step Six

Work with HHRN staff to correct or clarify data.

Local PATH providers must enter their annual report data using PDX. The process for providers to enter data and for SPCs to approve data in PDX is outlined below.

    A. Go to www.pathpdx.org. If a provider needs a PDX account created, he/she should contact the SPC. SPCs can create new users associated with their state by clicking on the "Users" tab and selecting "Add new user" at the bottom of the screen.
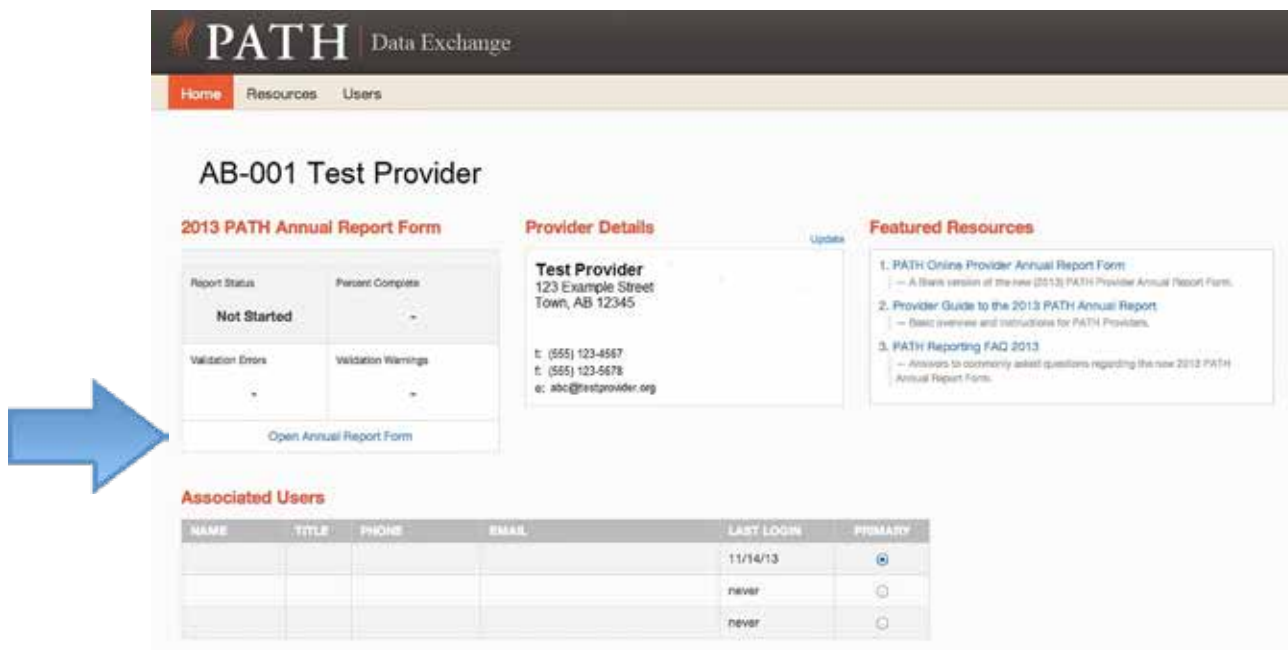
B. Once logged in, providers can select the "Open Annual Report Form" link on the homepage.

C. Begin entering data into the report form. The system automatically saves data entries as soon as a field is completed and the user moves to the next field. Providers can leave the report and return at a later time to complete missing sections.

D. The SPC may view the progress of report submission by logging into PDX, clicking on the "Providers" tab, and viewing the status of each report under the "Report Status" column.

E. To review reports, click on the link in the "Report Status" column to open that provider's report.

F. When a provider's report is completed and shows the "Submitted" status, SPCs should review the report.

» If changes are needed, the SPC can select "Unsubmit Report," which will reopen the report. The SPC or provider can then make changes as needed. "Submit Report" must then be selected again once the changes are complete.

» Once the report is final, the SPC should navigate to the "Review and Submit" tab and select "Approve Report."

G. When all provider reports are completed and SPC-approved, the SPC should go to the SPC Dashboard in PDX (the "Home" tab) and select the checkbox under "SPC Signoff" to indicate that their state's reporting requirements are complete for that year.

Tools and Resources

Listed below are tools and resources that are available prior to and throughout the process.

» The PATH Data Exchange has a "Resources" section where SPCs and PATH providers can access the PATH Annual Report Provider Guide (including service definitions) and a copy of the report form. These resources are also available for SPCs on the SPCRC.

» HHRN staff is available to SPCs and PATH providers throughout the year and during the data collection process. Each state and territory is assigned a HHRN staff member who will be the main point of contact throughout the reporting period. If you are not sure who your assigned HHRN contact is, please email HHRN at path@samhsa.hhs.gov to request this information.

Government Performance and Results Act Requirements

It is a requirement that all SAMHSA grantees collect and report certain data to ensure that SAMHSA meets its obligations under the Government Performance and Results Act (GPRA) of 1993 (P.L. 103-62). The GPRA requires all federal agencies to:

» Develop strategic plans that specify what they will accomplish during a five-year period,

» Set performance targets annually related to their strategic plan, and

» Report annually on the degree to which the previous year's targets were met.

The law further requires agencies to link their performance to their budgets. Agencies must evaluate their programs regularly and use results of these evaluations to explain their successes and failures.

To meet these requirements, SAMHSA collects performance data from grantees to measure performance on the GPRA targets. This data is collected through the PATH Annual Report, which PATH providers are required to complete each year.

It is important for SPCs and PATH providers to be aware of the federal GPRA targets and to know how their own annual performance is related to those targets from year to year.

See Appendix I of this manual for descriptions of the PATH program's current GPRA measures.

Homeless Management Information System

In 2001, Congress directed the U.S. Department of Housing and Urban Development to develop a strategy for collecting data and to provide an analysis on the extent and nature of homelessness, as well as the effectiveness of the McKinney-Vento programs. This directive stressed the importance of developing unduplicated counts of persons experiencing homelessness at the local level.

HUD's response to this directive was the beginning of what would become the Homeless Management Information System (HMIS), and the HMIS Data and Technical Standards (HMIS Standards) were introduced in 2004. The HMIS Standards provided all Continuum of Care (CoC) programs, which incorporate the primary homeless housing and services grants funded under the McKinney-Vento Act, with a foundation for ensuring consistency of the data collected across communities nationwide.

In December 2009, HUD's Office of Special Needs Assistance Programs (SNAPS) and SAMHSA announced that collaboration efforts between the agencies resulted in aligning client-level data collection and reporting for street outreach programs. In the case of SAMHSA's PATH program, the agencies' collaboration efforts will focus on a multi-level approach to include intensive TA and training activities to facilitate utilization of HMIS for PATH client data collection over the next several years.

SAMHSA requires states not already using HMIS to transition PATH providers to collecting data in HMIS, with the aim of 100 percent participation by the end of the state's FY 2016.

Participation in HMIS has numerous benefits, which are experienced at many levels—from state and federal agencies, to the staff managing and providing services to persons experiencing homelessness, and, ultimately, to the clients who receive these services.

Important benefits of HMIS participation may include:

» Enhancing coordination between PATH providers and other agencies providing services to persons experiencing homelessness through the local Continuum of Care

» Facilitating involvement of PATH providers in centralized or coordinated assessment processes at the local or regional level, which:

» Helps reduce the number of times a person must complete an intake and assessment and

» Prioritizes housing and services for the most vulnerable persons, often those served by PATH programs

» Streamlining the referral process because agencies are interconnected and client information is shared among partner agencies with confidentiality agreements in place

» Enhancing coordinated client care and case management, within an agency and across agencies, to better serve clients

» Improving the eligibility determination process for mainstream benefits

» Demonstrating the extent and scope of homelessness in the community more comprehensively

» Providing a more accurate, unduplicated count of individuals experiencing homelessness in the community

» Identifying service and housing gaps within the community so that resources can be targeted to meet these gaps more effectively and efficiently, thus preventing and reducing the incidence of homelessness

» Providing quality data at the community level to support policy and program decisions

Each State PATH Contact will coordinate activity for the state's PATH providers to collect data in HMIS. In December 2013, states and territories were invited to join one of four learning communities to support phased implementation of using HMIS to collect PATH client data. New SPCs who would like to learn more about their state's status in the HMIS transition and learning community activities should contact HHRN at path@samhsa.hhs.gov.

Helpful Hints from State PATH Contacts

» Attend any HHRN reporting webinars offered on data collection and reporting, and request additional TA if you have questions.

» Work with your local HUD Continuum of Care to access the HMIS in your community.

» Collect data from PATH providers quarterly or every six months. This way, you can monitor progress toward achieving projected outcomes and work out any of the "bugs" before submitting data online. *Please note that, in order to avoid double reporting for clients who received services in multiple quarters, data from progress reports that collect discrete data for a reporting period cannot be summed to produce an accurate annual report. Please see the PDX Issue Brief for additional information, and contact HHRN with any questions.*

» Regularly update your provider contact information in PDX and indicate which providers are active and reporting.

» Set up supplemental training with providers to review the reporting process upon receipt of the Annual Report Provider Guide and instructions from HHRN.

» Set a state-specific deadline for the completion of provider reports that gives you time to review the reports prior to the federal deadline.

» Data collection often falls across several federal holidays; remind providers of this fact when you send out instructions and reminders to providers.

» Confirm the reporting dates with providers prior to the start of reporting.

» Some states also require an annual report summary and copies of client success stories in addition to the online data report. This is not a federal requirement.

Section 4: PATH Monitoring
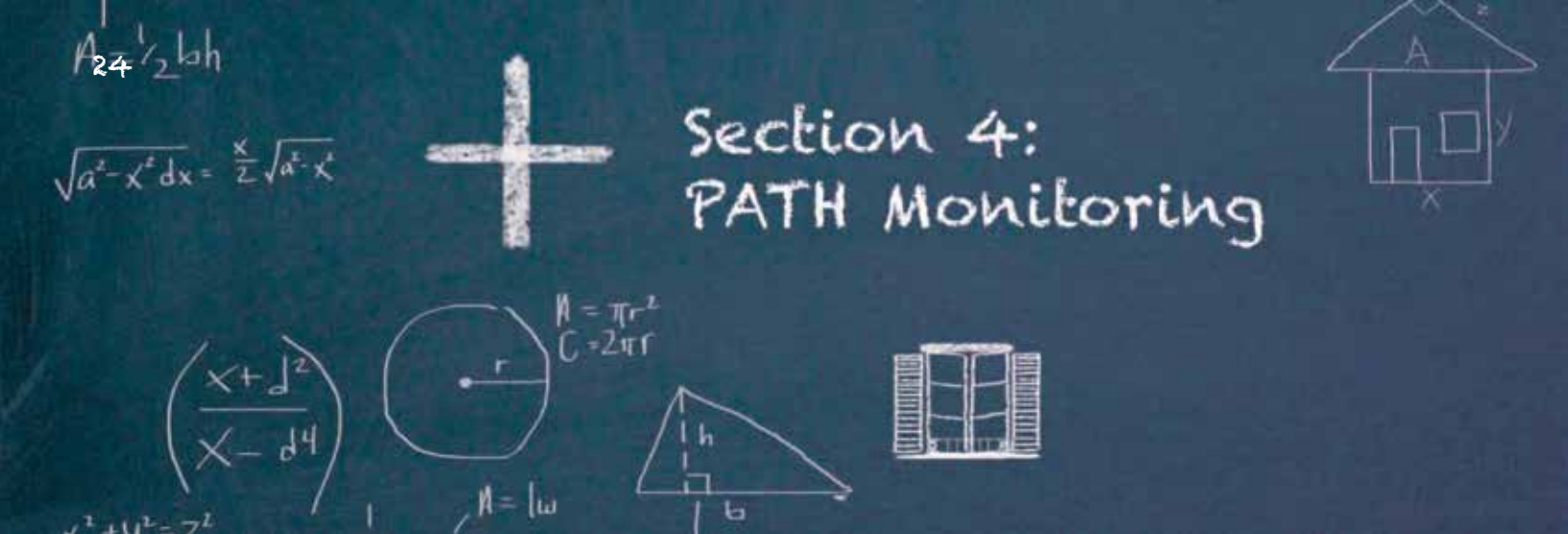
Monitoring PATH Providers

Monitoring the performance of PATH providers is an important component of effective program management. The PATH monitoring process generally includes:

» Conducting an assessment of the providers' performance in delivering services as outlined in their approved IUPs,

» Analyzing performance on targeted outcomes,

» Identifying strengths and weaknesses in providers' performance,

» Discussing any program deficiencies and needed improvements, and

» Ensuring funding is used in accordance with providers' approved budgets.

Monitoring strategies include collecting and reviewing quarterly and annual reports, holding periodic meetings and conversations with PATH providers, reviewing client records and satisfaction surveys, and conducting site visits.

Client Records

All PATH-funded providers must maintain a client file, which includes an intake form, a service plan, and progress notes for all consumers enrolled and served with PATH funds. The intake form must contain information to determine eligibility for PATH services, such as living situation and disability, and obtain data needed for quarterly and annual progress reports. See Appendix E for an example. In many communities, the HMIS contains a suitable substitute for a paper intake form and can record the required elements of a client file, or provider staff may use an electronic medical record system for this purpose.

A service plan is a requirement for all PATH-enrolled clients and includes the following:

» Goals to obtain community mental health services for the PATH-eligible client, which includes reviewing the plan not less than once every three months;

» Goals that describe providing assistance to obtain and coordinate needed services for the eligible PATH consumer, including services relating to shelter, daily living activities, personal and benefits planning, transportation, habilitation and rehabilitation services, prevocational and employment services, and permanent housing;

» Goals that describe providing assistance to PATH-eligible consumers to obtain income and income support services, including housing assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI); and

» Goals that describe the referral process to other appropriate services.

Site Visits

The PATH program recommends annual site visits to monitor the provider and to talk to consumers. In addition to the SPC, the site visit team could include the following:

» Fiscal contact (optional),

» State quality assurance staff (optional),

» Other PATH provider(s) (optional), and

» Other team members (as desired), including mental health liaison staff, regional or county representatives, and consumer advocates.

Prior to the site visit, the SPC needs to:

» Schedule the site visit with the provider;

» Describe the purpose of the site visit;

» Send a confirmation letter and PATH monitoring tool four weeks prior to the site visit;

» Ask the provider to answer pre-site visit questions and return monitoring tool forms for review within two weeks of site visit;

» Ask the provider to arrange for on-site interviews with stakeholders, including consumers; and

» Send interview questions to the provider prior to the site visit.

During the site visit, the SPC needs to:

» Meet with PATH provider administration to discuss the site visit plan, content of the monitoring tool, and follow up on any questions or concerns identified in review of pre-site visit responses;

» Meet with PATH staff and interview them;

» Interview associated agencies or tour their facilities, if possible;

» Accompany PATH staff in conducting outreach services;

» Interview consumers;

» Review the following documents and/or records in a management information system:

  » Personnel and staffing, including cultural competency requirements,

  » Agency policy and procedures, including compliance with the Health Insurance Portability and Accountability Act (HIPAA),

  » Intended Use Plans (IUPs), to determine whether the provider's provision of PATH-eligible services aligns with the provider's IUP,

  » Intake forms or records that document consumers' eligibility for the PATH program,

  » Service plans,

  » Progress notes,

  » Fiscal management and records,

  » Consumer involvement documentation,

  » Client satisfaction surveys, and

  » Consumer interviews, success stories, etc.;

» Debrief with the site visit team and discuss training and TA needs; and

» Provide informal feedback to the provider at the end of the site visit.

After the site visit is complete, SPC activities include:

» Preparing the draft report,

» Sharing the draft report with other reviewers,

» Sharing the draft report with the PATH provider, and

» Issuing the final report.

Appendices F and G contain examples of a PATH monitoring tool and client satisfaction survey. These tools are guides that will require adjustment depending on the needs of the individual state or territory.

Site Visit Recommendations

Cities with a large number of providers will take more time. For example, schedule six hours for a visit to a small, rural provider and two days for a large, urban provider.

> » Take the provider's application and data reports to the site visit.

> » If providers have performance targets, assess how the providers track the targets. Check the accuracy of reporting and monitor progress toward meeting the targets.

> » In some states, the state PATH program contracts with a local administrative entity and the local entity subcontracts with a nonprofit agency. It is possible that the local administrative entity will conduct sites visits, as well. Coordinate SPC visits with the local administrative entity if this arrangement exists.

Federal Monitoring of States and Territories

CMHS provides oversight of the PATH program and conducts site visits with states and territories to monitor their PATH programs. Members of the site visit team may include the assigned GPO for the state or territory in the Homeless Programs Branch of CMHS, along with other reviewers. The SPC will receive notification well in advance of the federal site visit. The SPC coordinates access to state officials, providers, and documentation, as requested. HHRN provides a Statewide PATH Data Report to the reviewers in preparation for the federal site visit.

Helpful Hints from State PATH Contacts

Work collaboratively with the site visit team and provide as much information up front as possible. Allowing them to review needed information before the on-site visit gives you the opportunity to have everything prepared before they arrive.

> » Help provider agencies prepare for the site visit.

> » Be proactive. Collaborating with and monitoring providers consistently will make the on-site visit easier.

> » Provide a short summary of grant requirements for each provider.

> » Have providers submit quarterly reports with budget and activity information.

> » Conduct annual site visits with providers in the summer or early fall, if possible.

> » Assess the scope and breadth of outreach activities and conduct interviews with consumers as part of the review.

> » Foster relationships with providers through regular communications and meetings.

> » Provide in-service training or technical assistance (TA) for providers and invite them to local and state trainings to enhance their knowledge and skills (e.g., Motivational Interviewing).

> » Cultivate collaboration and coordination among the providers to ensure continuity of care.

> » Send providers relevant information to assist them in keeping up-to-date on pertinent information.

Overview

Technical assistance (TA) and training is often necessary to support SPCs and providers of PATH services in implementing the PATH program. Provision of TA and training takes place through two main mechanisms: 1) State PATH Contacts and 2) HHRN.

Technical Assistance: State PATH Contacts

As part of their overall responsibilities, SPCs provide TA and training to providers in their states and territories. This TA may include help with preparing quarterly and annual reports, writing IUPs, administering the PATH program locally, and providing training for new and existing PATH providers. SPCs should consider developing and distributing a program manual for PATH providers.

To enhance knowledge and skills, SPCs should make training opportunities available for PATH providers. Trainings may include such topics as an orientation to the PATH program, SSI/SSDI Outreach, Access, and Recovery (SOAR); Motivational Interviewing; cultural competency; and HMIS.

Technical Assistance: Homeless and Housing Resource Network

The Homeless and Housing Resource Network (HHRN) assists SAMHSA in providing support and TA to the 56 state and territorial PATH grantees, as well as the local providers and subcontractors. It provides services remotely, via telephone, email, online workgroups, and webinars, and through the PATH website (http://pathprogram.samhsa.gov).

Telephone and Email

HHRN is available via email at path@samhsa.hhs.gov. States/territories will also be assigned a specific HHRN contact for assistance during the PATH annual reporting periods.

PATH Listservs

HHRN sends information regarding upcoming events, application timelines, and other pertinent information via listserv. One listserv is specifically for all PATH providers and another is for SPCs.

Mentoring Program

New SPCs may request a mentor to assist them in acclimating to their role. Seasoned SPCs are matched with a new SPC to provide peer support and mentoring. HHRN facilitates the match and fosters communication between mentors and mentees.

PATH Website

The PATH website (http://pathprogram.samhsa.gov) is a major tool in facilitating communication and resource exchange among the PATH community, other homeless service providers, and interested stakeholders. The PATH website contains information about best practices, grantee characteristics, and personal perspectives. Users can search the digital library to find helpful resources, including manuals, research articles, reports, and tools. The library houses thousands of resources related to homeless services. Information regarding upcoming conferences, trainings, and webinars hosted by PATH and other hosted sites is also available.

State PATH Contact Resource Center

The PATH website hosts a separate area, the State PATH Contact Resource Center (SPCRC), for SPCs to access information and documents. In the SPCRC, SPCs can access recordings of recent webinars, find PATH annual reporting instructions, and access a variety of resources specific to SPCs.

Section 6:
PATH Networking
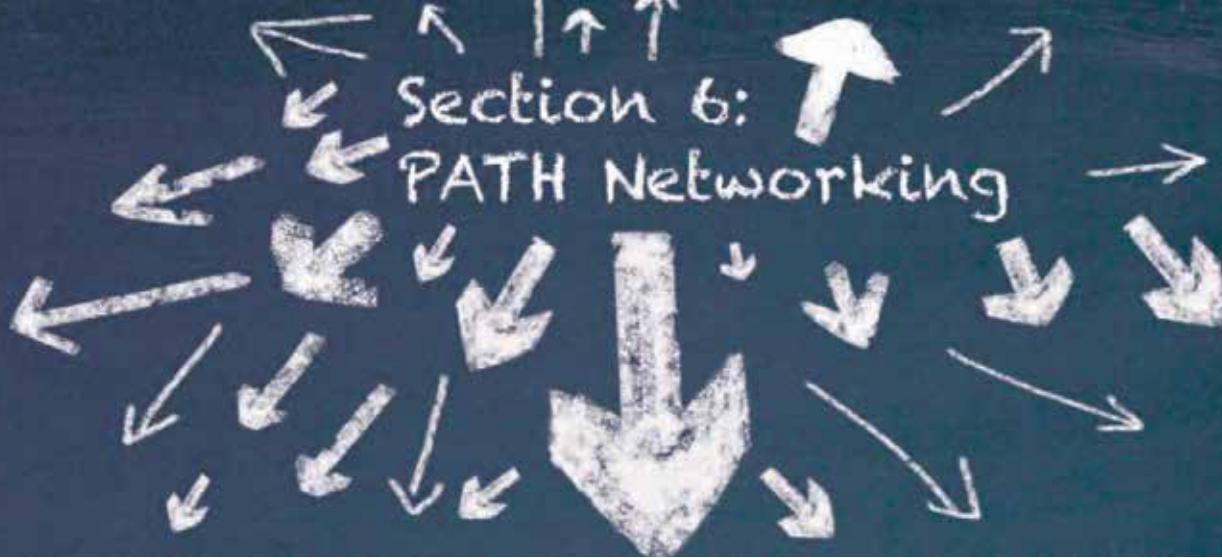
Networking provides opportunities for SPCs to share information and knowledge about PATH practices through a peer-to-peer learning environment. Through networking, SPCs meet each other, exchange ideas, share information regarding best practices, offer TA, develop policies, and strategize ways to work together to impact the delivery of PATH services positively. There are several venues available for SPCs to network, including national PATH workgroups and SAMHSA's Homeless Programs Grantee meeting. Please contact HHRN to inquire about other networking opportunities that may be available.

PATH Website

An important goal of the national PATH program is to connect PATH providers and SPCs with each other. The PATH website contains a map with the PATH programs identified by state. For any given state, the website lists the SPC, along with contact information. Individual PATH provider information is also available. This tool helps providers and consumers access PATH programs. Anyone can register as a member of the PATH website at any time, and SPCs are required to register to use the website in order to gain access to the SPCRC. Simply visit the home page and click on "Log In or Sign Up" at the top of the screen and complete the requested information. SPCs should then notify HHRN of their user ID in order to be granted access to the SPCRC.

SPCs can update their contact information through the PATH Data Exchange (PDX) (www.pathpdx.org). SPCs can update providers' information by navigating to the "Providers" tab in the PDX and clicking on an agency's name to open the agency profile and make changes. To request that an agency's name be changed, please go to the agency's profile in PDX, select "Request Name Change" below the agency name, and submit the requested information.

SAMHSA Homeless Programs Grantee Conference

A major networking event is the SAMHSA Homeless Programs Grantee Conference. While this meeting has typically been held every other year, recent federal conference restrictions have limited SAMHSA's ability to hold this meeting. If SPCs are notified that this meeting will be held in a particular year, the national PATH program expects SPCs to attend, and SPCs are responsible for covering all travel expenses from their program budget.

The purpose of the SAMHSA Homeless Programs Grantee Conference is to promote a common understanding of SAMHSA's priorities and messaging for the PATH program, promote greater understanding of the PATH legislation and data collection and reporting, and provide updates on the PATH application and Annual PATH Report. Innovative strategies of evidence-based practices and collaborations between PATH grantees and other federal, state, and local partnerships are showcased. SPCs also have the opportunity to interact with other grantees receiving SAMHSA funding for homeless services programs. A SPC planning group develops the meeting agenda with the PATH Director and HHRN. The SPCs receive information regarding the meeting via the PATH listserv and through the SPCRC.

The main topics covered during the meeting may include:

» Updates from SAMHSA and the PATH program

» State and territory updates

» PATH administration updates with roles and responsibilities of SPCs and sharing of new ideas with discussions

» Data collection and reporting

» PATH TA activities and application processes

» Policy and federal updates from advocacy and national organizations

» Breakout or roundtable sessions on current issues

National PATH Workgroups

National PATH Workgroups focus their concentrated work in an area of interest to SPCs and/or the PATH Director. Workgroups consist of SPCs, GPOs, and staff from HHRN. Based on workgroup recommendations, the program encourages and invites additional stakeholders and consumer representatives. Send suggestions for topics for the workgroups to address to HHRN at path@samhsa.hhs.gov.

Administrative Workgroup

The Administrative Workgroup (AWG) is a long-standing workgroup that addresses issues related to the administration of the PATH grant. The AWG brings together SPCs interested in working to support the national program, along with providing guidance and input to the PATH Director and HHRN. Historically, projects included the development of this State PATH Contact Welcome Manual, PATH Service Definitions, PATH Site Monitoring Recommendations, and Voluntary Performance Goals. In 2009, the AWG refined PATH definitions for eligibility and enrollment, which is essential to increasing the quality of PATH data reporting.

Data Advisory Group

The PATH Data Advisory Group is an ad hoc committee convened by SAMHSA when SPC consultation is needed to address changes in PATH reporting requirements. The group is typically comprised of ten to fifteen SPCs who volunteer to discuss issues such as required data elements and definitions of services. The group meets for a set period of time until the tasks are completed.

SAMHSA Consumer Community

Involving consumers and obtaining their input on SAMHSA activities is essential to the success of SAMHSA and the PATH program. The SAMHSA Consumer Community was formed in 2011 as the result of the merging of the PATH Consumer Provider Network (PCPN), developed in 2008, and the Services in Supportive Housing Consumer Peer Network (SSH CPN). The Consumer Community serves as an advisory group for a variety of issues, events, and activities related to peer support and recovery.

U.S. Department of Housing and Urban Development Continuum of Care

The PATH program encourages SPCs to establish relationships with the state and/or local Continuum of Care (CoC). In 1994, the U.S. Department of Housing and Urban Development (HUD) launched the Continuum of Care concept to help communities across America solve the challenges of homelessness with a coordinated and comprehensive strategic approach to planning and implementing programs for those experiencing homelessness in their community. The Continuum of Care process involves a broad array of stakeholders, including state and local government agencies, public housing agencies, nonprofit providers, foundations, schools, businesses, and persons experiencing homelessness or those who experienced homelessness in the past.

In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) consolidated and revised HUD's homeless assistance programs under the McKinney-Vento Act, and officially established the Continuum of Care as a federal program. The CoC program is designed to:

» Promote communitywide commitment to the goal of preventing and ending homelessness;

» Provide funding for efforts by nonprofit providers, state governments, and local governments to quickly rehouse individuals and families;

» Promote access to, and effect utilization of, mainstream programs by individuals and families experiencing homelessness; and

» Optimize self-sufficiency among individuals and families experiencing homelessness.

Because HUD awards all competitive homeless assistance program funding through CoCs, it is important for SPCs and PATH providers to participate in the CoC planning process to improve local service coordination and help secure resources to benefit PATH clients who are experiencing homelessness.

Section 7:
Resources
= Ending Homelessness
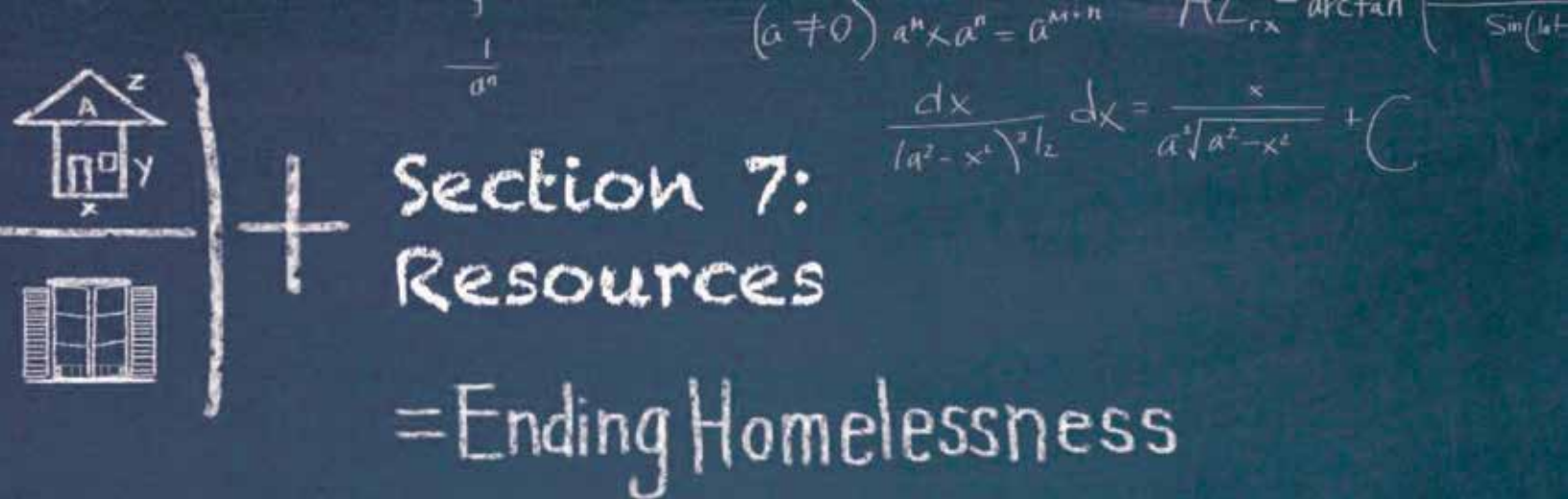
Many resources are available to assist SPCs in their work. Below is a list of relevant resources.

SSI/SSDI Outreach, Access, and Recovery Technical Assistance Center

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) provide access to income, housing, treatment, and other supports. Based on SAMHSA's Stepping Stones to Recovery (http://www.prainc.com/soar/training/manual.asp), the SSI/SSDI Outreach, Access, and Recovery (SOAR) TA Center helps states and communities increase access to SSI/SSDI through collaboration, strategic planning, training, and TA. Information about the SOAR TA Center is available at http://www.prainc.com/soar.

PATH Resource Pages

The PATH Technical Assistance Center (now HHRN) developed resource pages in response to input from SPCs. Resource pages are a compilation of websites, reports, and information related to a specific topic area within the field of homelessness. Resource pages are available on the PATH website (http//pathprogram.samhsa.gov) under the "Topics" tab.

Websites

SAMHSA's Homelessness Resource Center (HRC)

Targeted toward providers who work with people who are experiencing homelessness, the HRC website (http://homeless.samhsa.gov) shares state-of-the art knowledge, evidence-based practices, and practical resources. It provides an interactive learning opportunity for researchers, providers, consumers, and government agencies at all levels. It is an easy-to-manage resource with content that informs, features that engage, and training that is useful. These elements come together to promote recovery-oriented and consumer-centered homeless services.

OneCPD Resource Exchange

The OneCPD Resource Exchange (http://www.onecpd.info) is HUD's one-stop shop for information and resources for providers assisting persons who are experiencing homelessness or at risk of homelessness. Program guidance and regulations, TA and training resources, research and publications, and more are available for federal agencies, state and local government agencies, Continuum of Care organizations, homeless service providers, TA providers, persons experiencing homelessness, and other stakeholders. Information about HMIS is also available on this website.

United States Interagency Council on Homelessness (USICH)

The United States Interagency Council on Homelessness (USICH) is an independent agency within the federal executive branch that is tasked with coordinating the federal response to homelessness. A variety of resources can be accessed on the USICH website (http://usich.gov/) including *Opening Doors,* the federal plan to prevent and end homelessness, as well as articles, newsletters, videos, and webinars on topics related to preventing and ending homelessness.

Appendix A: Public Health Service Act

PUBLIC HEALTH SERVICE ACT

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

PART C—PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

SEC. 521. 290cc–21. FORMULA GRANTS TO STATES.

For the purpose of carrying out section 522, the Secretary, acting through the Director of the Center for Mental Health Services, shall for each of the fiscal years 1991 through 1994[2] make an allotment for each State in an amount determined in accordance with section 524. The Secretary shall make payments, as grants, each such fiscal year to each State from the allotment for the State if the Secretary approves for the fiscal year involved an application submitted by the State pursuant to section 529.

SEC. 522. 290cc–22. PURPOSE OF GRANTS.

(a) IN GENERAL.—The Secretary may not make payments under section 521 unless the State involved agrees that the payments will be expended solely for making grants to political sub divisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing the services specified in subsection (b) to individuals who—

(1)

    (A)   are suffering from serious mental illness; or

    (B)   are suffering from serious mental illness and from substance abuse; and

(2)   are homeless or at imminent risk of becoming homeless.

(b) SPECIFICATION OF SERVICES.—The services referred to in subsection (a) are—

(1)   outreach services;

(2)   screening and diagnostic treatment services;

(3)   habilation and rehabilitation services;

(4)   community mental health services;

(5)   alcohol or drug treatment services;

(6)   staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;

(7)   case management services, including—

    (A)   preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

    (B)   providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;

    (C)   providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

    (D)   referring the eligible homeless individual for such other services as may be appropriate; and

    (E)   providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible

---

2 Probably should be "2001 through 2003." Section 3203(b) of Public Law 106–310 (114 Stat.1191) amended section 535(a) of this Act, which provides the authorization of appropriations for this part, by striking "1991 through 1994" and inserting "2001 through 2003." Such Public Law did not conform the reference in section 521 above.

homeless individual is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services;

(8) supportive and supervisory services in residential settings;

(9) referrals for primary health services, job training, educational services, and relevant housing services;

(10) subject to subsection (h)(1)—

    (A) minor renovation, expansion, and repair of housing;

    (B) planning of housing;

    (C) technical assistance in applying for housing assistance;

    (D) improving the coordination of housing services;

    (E) security deposits;

    (F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and

    (G) 1-time rental payments to prevent eviction; and

(11) other appropriate services, as determined by the Secretary.

(c) COORDINATION.—The Secretary may not make payments under section 521 unless the State involved agrees to make grants pursuant to subsection (a) only to entities that have the capacity to provide, directly or through arrangements, the services specified in section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.

(d) SPECIAL CONSIDERATION REGARDING VETERANS.—The Secretary may not make payments under section 521 unless the State involved agrees that, in making grants to entities pursuant to subsection (a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

(e) SPECIAL RULES.—The Secretary may not make payments under section 521 unless the State involved agrees that grants pursuant to subsection (a) will not be made to any entity that—

(1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse; or

(2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

(f) ADMINISTRATIVE EXPENSES.—The Secretary may not make payments under section 521 unless the State involved agrees that not more than 4 percent of the payments will be expended for administrative expenses regarding the payments.

(g) MAINTENANCE OF EFFORT.—The Secretary may not make payments under section 521 unless the State involved agrees that the State will maintain State expenditures for services specified in subsection (b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

(h) RESTRICTIONS ON USE OF FUNDS.—The Secretary may not make payments under section 521 unless the State involved agrees that—

(1) not more than 20 percent of the payments will be expended for housing services under subsection (b)(10); and

(2) the payments will not be expended—

    (A) to support emergency shelters or construction of housing facilities;

    (B) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or

    (C) to make cash payments to intended recipients of mental health or substance abuse services.

(i) WAIVER FOR TERRITORIES.—With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.

SEC. 523. 290cc–23. REQUIREMENT OF MATCHING FUNDS.

(a) IN GENERAL.—The Secretary may not make payments under section 521 unless, with respect to the costs of providing services pursuant to section 522, the State involved agrees to make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than $1 for each $3 of Federal funds provided in such payments.

(b) DETERMINATION OF AMOUNT.—Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or

services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

(c) LIMITATION REGARDING GRANTS BY STATES.—The Secretary may not make payments under section 521 unless the State involved agrees that the State will not require the entities to which grants are provided pursuant to section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in subsection (a).

SEC. 524. 290cc–24. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) MINIMUM ALLOTMENT.—The allotment for a State under section 521 for a fiscal year shall be the greater of—

(1) $300,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and $50,000 for each of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands; and

(2) an amount determined in accordance with subsection (b).

(b) DETERMINATION UNDER FORMULA.—The amount referred to in subsection (a)(2) is the product of—

(1) an amount equal to the amount appropriated under section 535(a) for the fiscal year; and

(2) a percentage equal to the quotient of—

(A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and

(B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (A).

SEC. 525. 290cc–25. CONVERSION TO CATEGORICAL PROGRAM IN EVENT OF FAILURE OF STATE REGARDING EXPENDITURE OF GRANTS.

(a) IN GENERAL.—Subject to subsection (c), the Secretary shall, from the amounts specified in subsection (b), make grants to public and nonprofit private entities for the purpose of providing to eligible homeless individuals the services specified in section 522(b).

(b) [3] SPECIFICATION OF FUNDS.—The amounts referred to in subsection (a) are any amounts made available in appropriations Acts for allotments under section 521 that are not paid to a State as a result of—

(A) the failure of the State to submit an application under section 529;

(B) the failure of the State, in the determination of the Secretary, to prepare the application in accordance with such section or to submit the application within a reasonable period of time; or

(C) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State.

(c) REQUIREMENT OF PROVISION OF SERVICES IN STATE INVOLVED.— With respect to grants under subsection (a), amounts made available under subsection (b) as a result of the State involved shall be available only for grants to provide services in such State.

SEC. 526. 290cc–26. PROVISION OF CERTAIN INFORMATION FROM STATE.

The Secretary may not make payments under section 521 to a State unless, as part of the application required in section 529, the State submits to the Secretary a statement—

(1) identifying existing programs providing services and housing to eligible homeless individuals and identify gaps in the delivery systems of such programs;

(2) containing a plan for providing services and housing to eligible homeless individuals, which plan—

(A) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and

(B) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;

(3) describes the source of the non-Federal contributions described in section 523;

(4) contains assurances that the non-Federal contributions described in section 523 will be available at the beginning of the grant period;

(5) describe any voucher system that may be used to carry out this part; and

---

3 So in law. Subparagraphs (A) through (C) probably should be redesignated as paragraphs (1) through (3), respectively. See section 511 of Public Law 104–645 (104 Stat. 4729).

(6)   contain such other information or assurances as the Secretary may reasonably require.

SEC. 527. 290cc–27. DESCRIPTION OF INTENDED EXPENDITURES OF GRANT.

(a) IN GENERAL.—The Secretary may not make payments under section 521 unless—

    (1)   as part of the application required in section 529, the State involved submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying pursuant to such section;

    (2)   such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located;

    (3)   such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and

    (4)   the State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to section 522.

(b) OPPORTUNITY FOR PUBLIC COMMENT.—The Secretary may not make payments under section 521 unless the State involved agrees that, in developing and carrying out the description required in subsection (a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested persons, such as family members, consumers, and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

(c) RELATIONSHIP TO STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN.—

    (1)   IN GENERAL.—The Secretary may not make payments under section 521 unless the services to be provided pursuant to the description required in subsection (a) are consistent with the State comprehensive mental health services plan required in subpart 2 of part B of title XIX.

    (2)   SPECIAL RULE.—The Secretary may not make payments under section 521 unless the services to be provided pursuant to the description required in subsection (a) have been considered in the preparation of, have been included in, and are consistent with, the State comprehensive mental health services plan referred to in paragraph (1).

SEC. 528. 290cc–28. REQUIREMENT OF REPORTS BY STATES.

(a) IN GENERAL.—The Secretary may not make payments under section 521 unless the State involved agrees that, by not later than January 31 of each fiscal year, the State will prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the Administrator of the Substance Abuse and Mental Health Services Administration) to be necessary for—

    (1)   securing a record and a description of the purposes for which amounts received under section 521 were expended during the preceding fiscal year and of the recipients of such amounts; and

    (2)   determining whether such amounts were expended in accordance with the provisions of this part.

(b) AVAILABILITY TO PUBLIC OF REPORTS.—The Secretary may not make payments under section 521 unless the State involved agrees to make copies of the reports described in subsection (a) available for public inspection.

(c) EVALUATIONS BY COMPTROLLER GENERAL.—The Administrator of the Substance Abuse and Mental Health Services Administration shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

SEC. 529. 290cc–29. REQUIREMENT OF APPLICATION.

The Secretary may not make payments under section 521 unless the State involved—

    (1)   submits to the Secretary an application for the payments containing agreements and information in accordance with this part;

    (2)   the agreements are made through certification from the chief executive officer of the State; and

    (3)   the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

SEC. 530. 290cc–30. TECHNICAL ASSISTANCE.

The Secretary, through[4] the National Institute of Mental Health, the National Institute of Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse, shall provide technical assistance to eligible entities in developing planning and operating programs in accordance with the provisions of this part.

SEC. 531. 290cc–31. FAILURE TO COMPLY WITH AGREEMENTS.

(a) REPAYMENT OF PAYMENTS.—

    (1)   The Secretary may, subject to subsection (c), require a State to repay any payments received by the State under section 521 that the Secretary determines were not expended by the State in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529.

    (2)   If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against the amount of any payment due to be paid to the State under section 521.

(b) WITHHOLDING OF PAYMENTS.—

    (1)   The Secretary may, subject to subsection (c), withhold payments due under section 521 if the Secretary determines that the State involved is not expending amounts received under such section in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529.

    (2)   The Secretary shall cease withholding payments from a State under paragraph (1) if the Secretary determines that there are reasonable assurances that the State will expend amounts received under section 521 in accordance with the agreements referred to in such paragraph.

    (3)   The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the agreements referred to in such paragraph.

(c) OPPORTUNITY FOR HEARING.—Before requiring repayment of payments under subsection (a)(1), or withholding payments under subsection (b)(1), the Secretary shall provide to the State an opportunity for a hearing.

(d) RULE OF CONSTRUCTION.—Notwithstanding any other provision of this part, a State receiving payments under section 521 may not, with respect to any agreements required to be contained in the application submitted under section 529, be considered to be in violation of any such agreements by reason of the fact that the State, in the regular course of providing services under section 522(b) to eligible homeless individuals, incidentally provides services to homeless individuals who are not eligible homeless individuals.

SEC. 532. 290cc–32. PROHIBITION AGAINST CERTAIN FALSE STATEMENTS.

(a) IN GENERAL.—

    (1)   A person may not knowingly make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which amounts may be paid by a State from payments received by the State under section 521.

    (2)   A person with knowledge of the occurrence of any event affecting the right of the person to receive any amounts from payments made to the State under section 521 may not conceal or fail to disclose any such event with the intent of securing such an amount that the person is not authorized to receive or securing such an amount in an amount greater than the amount the person is authorized to receive.

(b) CRIMINAL PENALTY FOR VIOLATION OF PROHIBITION.—Any person who violates a prohibition established in subsection (a) may for each violation be fined in accordance with title 18, United States Code, or imprisoned for not more than 5 years, or both.

---

4 Section 162(2) of Public Law 102–321 (106 Stat. 375) provides that section 530 is amended by striking out "through the National" and all that follows through "Abuse" and inserting in lieu thereof "through the agencies of the Administration." The amendment cannot be executed because it does not specify to which instance of the term "Abuse" the amendment applies. Additionally, section 163(a)(3) of such law described an amendment that could not be executed, as the amendment included instructions to strike "on Alcohol Abuse" while "of Alcohol Abuse" is the term in section 530. This latter amendment attempted to insert "Administrator of the Substance Abuse and Mental Health Services Administration." Subsequently, such section 163(a)(3) was struck by section 2(b)(2) of Public Law 102–352 (106 Stat. 939).

SEC. 533. 290cc–33. NONDISCRIMINATION.

(a) IN GENERAL.—

(1) RULE OF CONSTRUCTION REGARDING CERTAIN CIVIL RIGHTS LAWS.—For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964, programs and activities funded in whole or in part with funds made available under section 521 shall be considered to be program

(2) PROHIBITION.—No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under section 521.

(b) ENFORCEMENT.—

(1) REFERRALS TO ATTORNEY GENERAL AFTER NOTICE.— Whenever the Secretary finds that a State, or an entity that has received a payment pursuant to section 521, has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with an applicable regulation (including one prescribed to carry out subsection (a)(2)), the Secretary shall notify the chief executive officer of the State and shall request the chief executive officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the chief executive officer fails or refuses to secure compliance, the Secretary may—

(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, section 504 of the Rehabilitation Act of 1973, title IX of the Education Amendments of 1972, or title VI of the Civil Rights Act of 1964, as may be applicable; or

(C) take such other actions as may be authorized by law.

(2) AUTHORITY OF ATTORNEY GENERAL.— When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

SEC. 534. 290cc–34. DEFINITIONS.

For purposes of this part:

(1) ELIGIBLE HOMELESS INDIVIDUAL.—The term "eligible homeless individual" means an individual described in section 522(a).

(2) HOMELESS INDIVIDUAL.—The term "homeless individual" has the meaning given such term in section 330(h)(5).

(3) STATE.—The term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(4) SUBSTANCE ABUSE.—The term "substance abuse" means the abuse of alcohol or other drugs.

SEC. 535. 290cc–35. FUNDING.

(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this part, there is authorized to be appropriated $75,000,000 for each of the fiscal years 2001 through 2003.

(b) EFFECT OF INSUFFICIENT APPROPRIATIONS FOR MINIMUM ALLOTMENTS.—

(1) IN GENERAL.—If the amounts made available under subsection (a) for a fiscal year are insufficient for providing each State with an allotment under section 521 of not less than the applicable amount under section 524(a)(1), the Secretary shall, from such amounts as are made available under such subsection, make grants to the States for providing to eligible homeless individuals the services specified in section 522(b).

(2) RULE OF CONSTRUCTION.—Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

Appendix B: Local Provider Intended Use Plan
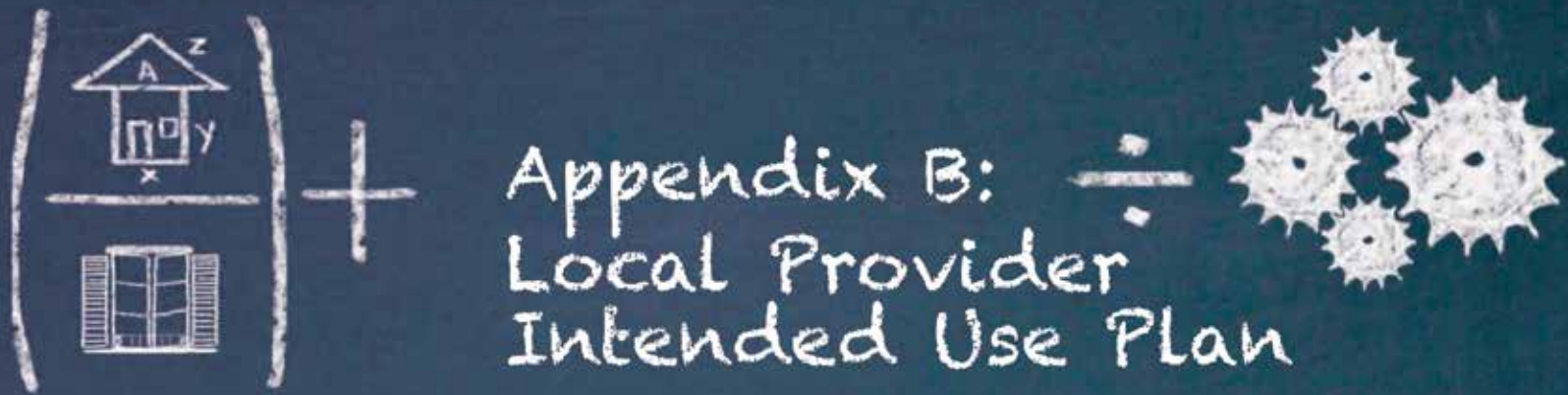
The state must submit an Intended Use Plan (IUP) for each PATH-funded organization. If the state has not selected the organizations to receive PATH funding before the PATH application is due for submission to SAMHSA, provide as much information as possible about the intended use of PATH funds. For example, if the same organizations funded in the prior year will be funded in the current year, but the Request For Proposal (RFP) process has not been completed, you may submit information about the organizations from the prior year. Once the selection process has been completed, submit a revised IUP to SAMHSA. Indicate any changes in providers compared to the previous funding period and state the rationale for the change(s).

In the IUP, the state must furnish the following information for each agency that provides services with PATH funds:

» **Local Provider Description**   Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

» **Collaboration with HUD Continuum of Care Program**   Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating, or assessment activities.

» **Collaboration with Local Community Organizations**   Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

» **Service Provision**   Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

   » Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

   » Describe any gaps that exist in the current service systems.

   » Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.

   » Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data in HMIS.

» **Data**   Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

> » Describe if and how technology (e.g., EHR, HMIS, etc.) will be used to facilitate case management or clinical care coordination across service sectors.

> » If clinical services are provided, please describe the provider's status on EHR adoption.

> » If the provider uses an EHR, is it certified through the Office of the National Coordinator's EHR certification program? If not, does the provider plan to adopt or upgrade to a certified EHR?

> » Does the provider use a separate HMIS system or is the HMIS data integrated into their EHR? Does the provider have any plan to integrate HMIS with their EHR?

» **SSI/SSDI Outreach, Access, Recovery (SOAR)**   Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year that ended in 2013 (2012- 2013), the number of PATH funded consumers assisted through SOAR, and the approximate number of staff to be trained in SOAR for grant year 2014 (2014-2015).

» **Access to Housing**   Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

» **Staff Information**   Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (http://www. ThinkCulturalHealth.hhs.gov).

» **Client Information**   Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

» **Consumer Involvement**   Describe how individuals who experience homelessness and serious mental illness and their family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

» **Budget Narrative**   Provide a budget narrative that includes the local provider's use of PATH funds.

Appendix C: Submitting the PATH RFA through WebBGAS
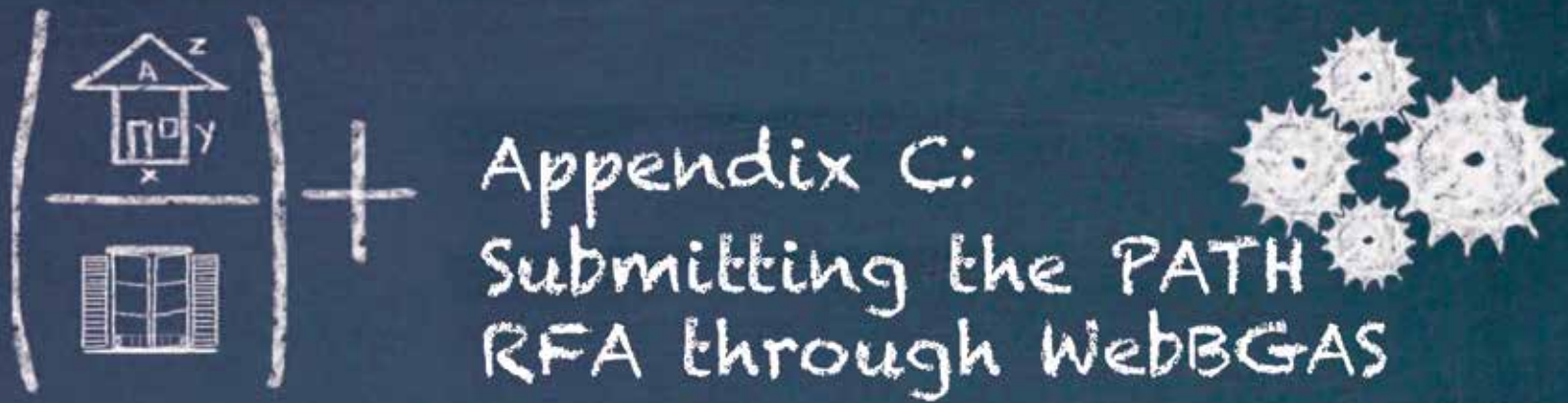
Introduction to WebBGAS for PATH grant application users

WebBGAS is a web-based application allowing users to create, edit, and submit grant applications. The WebBGAS navigation manual is a brief reference document designed to assist states/jurisdictions with navigating the web-based system. The document is organized into sections by key systems functions, and it provides a step-by-step guide for using these functions. Screenshots from WebBGAS are included to help facilitate your understanding of the application process. Important areas are highlighted and helpful tips are included in this system navigation manual. Please contact the WebBGAS Help Desk for technical support at BGASHelp@samhsa.hhs.gov or 888-301-2427.

I. Accessing WebBGAS

Each time you access WebBGAS (https://bgas.samhsa.gov) you will be prompted to login with your username and password. If you forget your username and password, you can retrieve them by selecting "Forgot Password" or "Forgot Username." WebBGAS will send an e-mail to the e-mail address registered with WebBGAS. You may contact the WebBGAS Help Desk at BGASHelp@samhsa.hhs.gov or 888-301-2427, if you are unable to retrieve your password or username by selecting "Forgot Password" or "Forgot Username."

II. Changing your password

Following an **initial login**, you will automatically be directed to a screen prompting you to change your password. WebBGAS requires users to change their temporary password to a more secure password of your choosing. To change your password, you must enter your temporary password in the field labeled "Current Password" and then type in the "New Password" field a password unique to you. Enter your new password again in the field labeled "Confirm Password" and select "Save." Your password is now updated.

Your new password must be at least eight characters in length and contain at least three of the following requirements:

- » An upper case letter
- » A lower case letter
- » A number
- » A special character (e.g., #, $, &)

After your password has been updated, access the User Management page to update your contact details.

Helpful Hint: When changing your password, the system will not allow the new password to be any of your three most recently used passwords.

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

WebBGAS Welcome Page

I. WebBGAS Window Shade

Every time you login (subsequent to the initial login) you automatically will be directed to the WebBGAS Welcome Page. The window shade, shown below, will appear. The window shade alerts users of important information, including related updates, activities, webinars, and issues. You can close the window shade by selecting any area within the shade.

WebBGAS Window Shade
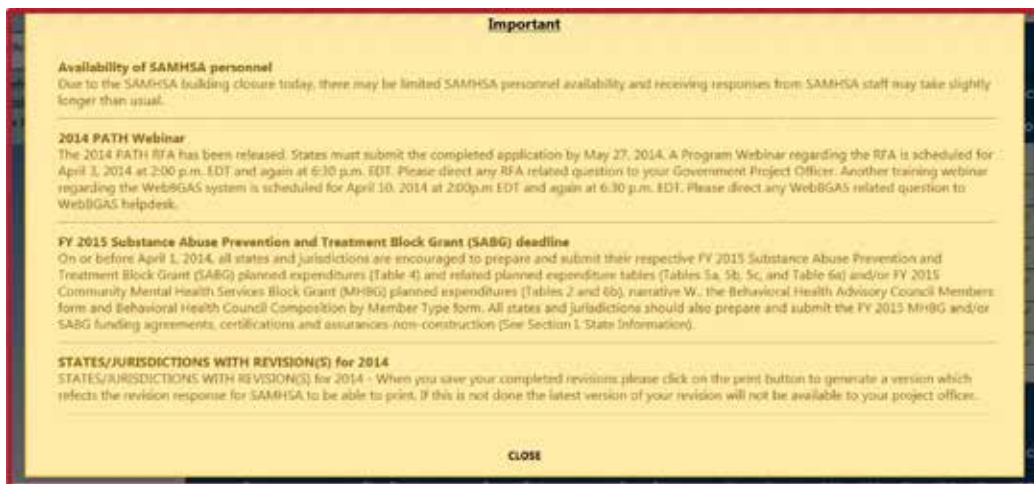
BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

II. Navigating the Welcome Page

From the Welcome Page you can:

» View the state profile page;

» Create a new application (designated state supervisors only);

» View an existing application;

» Run or request a report (limited to certain system roles. State/jurisdiction users cannot request a report but may run an existing report.);

» View and print a completed application;

» Change your user password; and

» Contact the Help Desk.

To navigate in WebBGAS, you can select the WebBGAS logo, located at the top left of page, or use the menu bar located in the top right. The menu bar and WebBGAS logo are accessible on every screen, no matter where you are in the system.

The menu bar allows users to:

» View existing applications or timeframe of application submission (Existing Applications);

» Check the status of printed documents (Print Queue);

» Request support through the Help Desk or access online training materials (Support); and

» Change your user settings such as password, e-mail address, and contact information (State Profile).

Welcome Page

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

The State Profile Page

Located within WebBGAS is the State Profile page. Once logged in to the system, all users, including citizen users, have access to this page. Users are responsible for making sure their information is correct before creating an application.

State Profile

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

I. State Agency Page

The State Agency overview page includes important information regarding names, addresses, and other information for agencies receiving PATH or Block Grant funding. This page also has key contact information for personnel affiliated with PATH and Block Grant Programs. State supervisors and other state or territory users can edit all information on the State Agency page by selecting the corresponding "Edit" buttons.

Applicants must verify or correct all information on the State Agency page before creating an application. This information will be used to prepopulate certain areas within the application, and you must keep this information up-to-date. Having current information on file in WebBGAS will ensure future important notifications are sent to the correct contact.

State Agency Overview

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

I. SAMHSA Contacts

Within the SAMHSA Contacts page, users will find contact information regarding current Project Officers for their PATH and Block Grant programs. You also can view previous Project Officers by selecting "View History" next to the corresponding buttons. After you have completed and verified information within the State Agency page and SAMHSA Contacts page, you are ready to create your application. Return to the "Welcome" page to get started on your PATH application.

SAMHSA Contacts

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

Creating a PATH application in WebBGAS

I. Getting Started

To create an application within WebBGAS, a designated State Supervisor must click the link located on the Welcome Page, "Create a New Grant Application." If you have already created an application, you can continue to view or edit the existing application by selecting "View an Existing Application."

After you have selected "Create a New Grant Application," you will be asked if you would like to create the application. Select "Yes" or "No" to continue.

Once the application has been created, two new buttons will appear, "Home" and "View Application," on the main menu. The "Home" page allows you to see a variety of materials related to your application. Inside the "Home" page you can:

» View related links and documents, such as the PATH RFA;

» See the most recent activity related to progress with your application;

» Check any recent news and notes on WebBGAS; and

» Seek assistance through the WebBGAS Help Desk.

Application Home Page

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

Select "View Application" or "My Dashboard" to begin working on your application.

II. Application Overview

The Application Overview page displays the grant application forms, which are organized into different sections. Note the progress bars located to the right of each form. To navigate to sections or forms within the application, follow the corresponding links. There are two ways to open a specific form within an application:

» Click on Section Headings which are located in the left navigation pane of the web page; or

» Select the desired form using the hyperlinks in the Application Overview page.

Each method has its benefits. Clicking on the individual links in the Application Overview is a quick way to open a form and begin entering data. However, if you want to know the form's last user or date of last update, you first need to click the Section Heading. Both methods allow printing and provide progress status of the application.

The "Status" column will help you keep track of which forms are complete and those still in progress. You can change the status of a form by selecting "Change Status." Changing the status of a section will alter the progress bar.

When entering information throughout the application, you must select "Save" in each section to ensure your work is saved.

Intended Use Plans (IUP)

The IUP section allows you to quickly add providers by creating a profile of the provider that includes a description, as well as budget information. After an initial creation of the IUP provider profile, the system will store the provider profile information for the next application period.

I. Getting Started

Select "Add New IUP Provider" located at the bottom right of the screen. All fields, except the "PDX Provider ID", "State Provider ID", and "Provider Contact," are required. Select "Save" to continue to the next screen.

Note: Entering the PDX Provider ID is strongly encouraged.

You may edit information by selecting "Profile," as well as deleting an IUP by selecting "X"; these actions are listed under "Actions."

Adding the IUP Description

To add the IUP Description, which answers the questions shown in the Narrative Description, you can upload a file by selecting "Browse," the file from your computer and then selecting "Upload." Also, you may choose to enter text by selecting "Enter Text," rather than uploading a file.

I. Adding the IUP Budget

There are three primary areas in the IUP Budget.

» Budget summary (where you enter the provider's budget information by category)

» Source(s) of match dollars and the estimated number of person to be served and enrolled

» State Detailed Budget (SF-424A)

The IUP's State Detailed Budget allows users to upload a file or enter text. To upload a file, start by selecting "Browse," the file from your computer, and then selecting "Upload." Multiple files may be attached. Users also have the option of entering text by selecting "Enter Text" and entering information. Remember to save all work.

Intended Used Plans (IUP List)

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

Reviewing and Submitting the PATH grant application in WebBGAS

All individual forms of the application must be completed and designated as complete within WebBGAS before an application can be submitted.

I. Marking Sections as Complete

When you complete an individual form in the application, you can change the status of the individual form by selecting the "Change Status" button. Once the "Change Status" button has been selected, the button will change to "Complete." Then you can click the button again to change the status back to "In Progress." When all individual forms are listed as "Complete," the progress bar will indicate 100% progress, and you can move to another individual form.

II. Reviewing the Application

When all individual forms within the application are listed as "Complete," the application is considered complete. A "Ready for Review" tab will appear in the left menu pane. Once you have selected the "Ready for Review" tab, select the "Ready for Review" button to review your application. Selecting "Ready for Review" will indicate that the application is ready for your designated PATH Supervisor to review the application prior to submitting to SAMHSA.

III. Submitting to SAMHSA

After reviewing the application and making necessary changes, you now are ready to submit to SAMHSA. The "Ready for Review" tab has now been replaced by a "Submission" tab. This tab is only visible to the PATH Supervisor. Once the "Submission" tab has been selected, you will be directed to another screen where you will be able to electronically submit your application. To submit, the PATH Supervisor must select "Submit."

Reviewing An Application

BGASHelpdesk@SAMHSA.hhs.gov Phone: Toll-free at 888-301-BGAS (2427)

Appendix D: 2014 PATH GPO Assignments

State	GPO
Alabama	Dorrine Gross
Alaska	Mariam Chase
American Samoa	Mariam Chase
Arizona	Mariam Chase
Arkansas	Robert Grace
California	Mariam Chase
Colorado	Carl Yonder
Connecticut	Nicole Gaskin-Laniyan
Delaware	Maia Banks-Scheetz
Florida	Dorrine Gross
Georgia	Dorrine Gross
Guam	Mariam Chase
Hawaii	Mariam Chase
Idaho	Mariam Chase
Illinois	Robert Grace
Indiana	Robert Grace
Iowa	Carl Yonder
Kansas	Carl Yonder
Kentucky	Dorrine Gross
Louisiana	Robert Grace
Maine	Nicole Gaskin-Laniyan
Maryland	Maia Banks-Scheetz
Massachusetts	Nicole Gaskin-Laniyan
Michigan	Robert Grace
Minnesota	Robert Grace
Mississippi	Dorrine Gross
Missouri	Carl Yonder
Montana	Carl Yonder

Government Project Officers

Tison Thomas
(Path Director)
240.276.2896
tison.thomas@samhsa.hhs.gov

Maia Banks-Scheetz
240.276.1969
maia.banks-scheetz@samhsa.hhs.gov

Mariam Chase
240.276.1904
mariam.chase@samhsa.hhs.gov

Nicole Gaskin-Laniyan
240.276.1902
nicole.gaskin-laniyan@samhsa.hhs.gov

Robert Grace
240.276.1897
robert.grace@samhsa.hhs.gov

Dorrine Gross
240.276.1898
dorrine.gross@samhsa.hhs.gov

Carl Yonder
240.276.1916
carl.yonder@samhsa.hhs.gov

State	GPO
N. Mariana Islands	Mariam Chase
Nebraska	Carl Yonder
Nevada	Mariam Chase
New Hampshire	Nicole Gaskin-Laniyan
New Jersey	Nicole Gaskin-Laniyan
New Mexico	Robert Grace
New York	Nicole Gaskin-Laniyan
North Carolina	Dorrine Gross
North Dakota	Carl Yonder
Ohio	Robert Grace
Oklahoma	Robert Grace
Oregon	Mariam Chase
Pennsylvania	Maia Banks-Scheetz
Puerto Rico	Nicole Gaskin-Laniyan
Rhode Island	Nicole Gaskin-Laniyan
South Carolina	Dorrine Gross
South Dakota	Carl Yonder
Tennessee	Dorrine Gross
Texas	Robert Grace
Utah	Carl Yonder
Vermont	Nicole Gaskin-Laniyan
Virgin Islands	Nicole Gaskin-Laniyan
Virginia	Maia Banks-Scheetz
Washington	Mariam Chase
Washington, D.C.	Maia Banks-Scheetz
West Virginia	Maia Banks-Scheetz
Wisconsin	Robert Grace
Wyoming	Carl Yonder

Appendix E: PATH Program Face Sheet

*Start Time: _____   *Finish Time: _____

*Location of 1st Engagement/Contact: _____*Date: _____

*Consumer's Name (Last, First, M.I.): _____

 Alias (if app): _____ Cell Phone/Contact #: _____

*DOB: _____ ID/SSN: _____ *Gender: M_____ F_____ Age: _____

*Race/Ethnicity: _____ *Language(s): _____ Yrs. Of Education: _____

*Veteran: Y ___ N ____ *Employed: Y ____ N ____ Voter: Y ____ N ____ *Benefits: Y ____ N _____

*Source of Benefits: _____

*Marital Status: _____ Emergency Contact: _____

*Homeless or at imminent risk of Homelessness: Y ____ N ____ *Duration: _____

*Current residence:

❏ Outdoors   ❏ Short/Long Term Shelter: _____

❏ Own or staying in someone's apt, room, or house   ❏ Hotel/Motel, SRO, boarding house

❏ Institution (psychiatric or other hospital, nursing home)   ❏ Jail/Prison, Correctional Facility

❏ Halfway House, Residential treatment program   ❏ Unknown

❏ Other: _____

*Health Status: Excellent _____ Good _____ Poor _____ Critical _____

 DSM Diagnosis: *Axis I: _____ Axis II: _____

 Axis III: _____Axis IV: _____

 Axis V: GAF Scale Score (Current): _____ *Mood/Affect: _____

*History of Substance Abuse or Dependence: Y_____ N_____ Last Date of Use: _____

 Drug(s) of Choice: _____

 Is the Consumer currently enrolled in other agency programs/services? : Y _____ N_____

 If yes, please specify: _____

*Is the Consumer approved for the PATH Program? : Y ____ N____ Please explain why: _____

_____

*Provider Agency: _____ *Telephone #: _____

 (If more space is needed, please use the back of this page.)

*Staff Signature: _____

*Asterisk indicates necessary entry.

Onsite Monitoring of PATH Programs

Review Team Members

- » State PATH Contact: (Required)
- » Fiscal Contact: (Optional)
- » State Quality Assurance Staff: (Optional)
- » Other PATH Provider(s): (Optional)
- » Other team members as desired: Mental health liaison staff, regional or county representatives, consumer advocates.

Outline of the Process

Pre Site Visit

- » Schedule site visit with provider
- » Describe purpose of site visit
- » Send confirmation letter and PATH Monitoring Tool four weeks prior to site visit; ask providers to answer pre-site visit questions, arrange for on-site interviews with stakeholders, and return monitoring tool forms
- » Send interview questions to provider prior to site visit
- » Provider returns completed PATH Monitoring Tool within two weeks of site visit for review

Site Visit

- » Meet at the program site
- » Meet with PATH provider administration to discuss the site visit plan, content of monitoring tool, follow up on any questions/concerns, strengths and weaknesses identified in review of pre-site visit responses
- » Meet with PATH staff
- » Interview PATH staff
- » Interview associated agencies or tour their facilities or accompany outreach staff
- » Interview consumers
- » Site visit team debriefing
- » Informal feedback discussion with provider

Post Site Visit

- » Prepare draft report
- » Share draft report with other reviewers
- » Share draft report with PATH provider
- » Issue final report

Sample Monitoring Tool

PATH Provider Agency: _____

Contact: _____

Region: _____

What are the goals and objectives of PATH at the local site?

Personnel and Staff Development

1. Is there a PATH Program Director or individual who is administratively responsible for PATH?

    If yes, name, title, and credentials (degree/experience):

2. What is the staffing pattern of the program?

Name of Staff	Position	Duties	Qualifications (MHP; MA; BA; Consumer)	FTE %

3. Describe PATH staff turnover rates.
    - ❏ High
    - ❏ Medium
    - ❏ Low
    - ❏ Give Percent

4. Is there a PATH orientation/training curriculum?
    - ❏ Yes
    - ❏ No

5. Is there evidence that orientation/training was provided to PATH staff prior to assumption of duties?
    - ❏ Yes
    - ❏ No

    If yes, who provided training? _____

6. Is there evidence that a staff development program is in place?

❏ Yes

❏ No

If yes, have the following topics been addressed?

Topic	Yes	No
Serious Mental Illnesses		
Substance Abuse		
Co-occurring Substance Abuse/Mental Illness		
HIV/AIDS		
Recovery and Community Integration		
Community Resources		
Benefits Acquisition		
Housing		
Employment		
Crisis Intervention		
Other Topics (List)		
Other Topics (List)		

Policies/Procedures/QA & Activities

7. Is there a PATH program-specific Policy and Procedure Manual?

❏ Yes

❏ No

❏ Covered by agency policy—not PATH-specific

8. If no, are there PATH program-specific policies and procedures included in an agency-wide manual?

❏ Yes

❏ No

❏ Covered by agency policy-not PATH-specific

9. Is there an internal procedure for reporting PATH-related incidents?

❏ Yes

❏ No

❏ Covered by agency policy-not PATH-specific

10. Is there a Quality Assurance & Quality Improvement process for the PATH Program?

❏ Yes

❏ No

Consumer Involvement

11. Does the PATH agency employ consumers as staff?

❏ Yes

❏ No

12. Are consumers involved in policy and program decisions?

❏ Yes

❏ No

If yes, in what ways are they involved?

13. Is there evidence that the PATH program utilizes a consumer satisfaction survey?

❏ Yes

❏ No

14. Have any modifications been made to PATH service delivery as a result of Quality Improvement Activities or consumer satisfaction results?

❏ Yes

❏ No

If yes, give examples: _____

15. Are there confidentiality procedures in place?

❏ Yes

❏ No

Services

16. Which of the following services are provided with PATH funding?
   - ❏ Street outreach
   - ❏ Screening and diagnostic treatment
   - ❏ Community mental health treatment
   - ❏ Substance use disorders treatment
   - ❏ Staff training
   - ❏ Case management
   - ❏ Supportive and supervisory services in residential settings
   - ❏ Referrals for other services; e.g., primary health, job training, educational, relevant housing
   - ❏ Other: (describe) _____

17. Does each PATH client have an individual chart that identifies PATH services separate from other services?
   - ❏ Yes
   - ❏ No

18. Identify the documentation for each of the PATH services provided in the chart below.

Activity	Documentation
Outreach	❏ Daily Log ❏ Narrative Progress Notes ❏ HMIS ❏ Other (Specify) _____
Screening and Diagnostic Services	❏ Daily Log ❏ Narrative Progress Notes ❏ HMIS ❏ Other (Specify) _____
Community Mental Health Services	❏ Daily Log ❏ Narrative Progress Notes ❏ HMIS ❏ Other (Specify) _____
Substance Use Disorders Treatment	❏ Daily Log ❏ Narrative Progress Notes ❏ HMIS ❏ Other (Specify) _____
Staff Training	❏ Daily Log ❏ Narrative Progress Notes ❏ Other (Specify) _____

Activity	Documentation
Case Management	❏ Daily Log ❏ Narrative Progress Notes ❏ HMIS ❏ Other (Specify) _____
Supportive & Supervisory Services in Residential Settings	❏ Daily Log ❏ Narrative Progress Notes ❏ HMIS ❏ Other (Specify) _____
Referrals	❏ Daily Log ❏ Narrative Progress Notes ❏ HMIS ❏ Other (Specify) _____
Other Services_____	❏ Daily Log ❏ Narrative Progress Notes ❏ HMIS ❏ Other (Specify) _____

Additional comments on documentation:

19. Which of the following PATH-eligible housing services are provided?

❏ Minor renovation, expansion, and repair of housing

❏ Planning of housing

❏ Technical assistance in applying for housing

❏ Improving the coordination of housing services

❏ Security deposits

❏ Costs associated with matching eligible homeless individuals with appropriate housing situations

❏ One-time rental payments to prevent eviction

20. Is there documentation available to support funds expended on any of the PATH-eligible housing services?

❏ Yes

❏ No

If yes, give examples of supporting documentation:

❏ Invoices

❏ Expense reports

❏ Meeting notices or minutes of housing meetings attended

❏ Clinical documentation regarding client-specific housing service

❏ Other (describe): _____

21. Does the PATH provider participate in the HUD Continuum of Care in their community?

❏ Yes

❏ No

Client Eligibility

22. Is there evidence that PATH funds are being used for individuals who meet the definition of homeless or at imminent risk of homelessness?

❏ Yes

❏ No

Fiscal Management

23. Is the utilization of PATH funds the same as outlined in the most recent PATH proposal?

❏ Yes

❏ No

Please describe.

Cultural Competency

24. Have efforts been made to recruit and hire staff with diverse cultural backgrounds?

❏ Yes

❏ No

If No, describe why. _____

25. Are current staff trained in cultural competency?

❏ Yes

❏ No

26. Has the program defined the major non-English languages for the consumer population?

❏ Yes

❏ No

27. Does the program provide services in the major non-English languages?

❏ Yes

❏ No

If No, how does the program access interpreters or communicate to non-English speaking clients when needed?

_____

28. Does the program have translations of written materials in the identified languages?

❏ Yes

❏ No

Outreach

29. Describe outreach activities conducted by PATH staff.

_____
_____

30. Who does outreach and how is staff trained?

_____
_____

31. Where does outreach occur?

_____
_____

32. What is considered an outreach contact and how is that data collected? _____

_____
_____

33. How does your data collection address duplications of consumers? _____

_____
_____

34. At what point is a client considered enrolled in services?

_____
_____

35. On average, how many outreach contacts occur before enrollment into services?

_____
_____

36. What is the average time between the first contact and enrollment? _____

_____
_____

37. What percentage of outreach contacts takes more than one year to enroll? _____
_____
_____

38. What is your most effective outreach strategy to reach the "hardest to serve"? _____
_____
_____

Housing

39. Into what types of housing do PATH services place individuals? _____
_____
_____

40. What types of housing programs are the most successful with your consumers? _____
_____
_____

41. On average, how long do clients remain in housing after placement? _____
_____
_____

Clients

42. Where do new referrals and/or admissions come from?
_____
_____

43. Describe the homeless population currently being served.
_____
_____

44. Describe the outcome measures tracked in the program.
_____
_____

Program Operation

45. What are the hours of operation?
_____
_____

46. What are the strengths of the program and the areas for growth? _____
_____
_____

Training/ Technical Assistance

47. What training/technical assistance needs does your PATH program need? _____
_____
_____

Reporting and Fiscal Controls

48. Describe the fiscal controls in place for PATH funds.
_____
_____

49. What are your fiscal controls for discretionary funds?
_____
_____

Questions for Consumer Interviews

50. How did you find out about the program?
_____
_____

51. Describe the services you have received from (name of program and/or PATH staff).
_____
_____

52. Did the staff help you right away or did it take a while to get what you needed? _____
_____
_____

53. Did the staff make you feel respected, like they were on your side? _____
_____
_____

54. When you were on the street, what was your greatest need? _____
_____
_____

55. Were you able to get off the street? What made this happen? _____
_____
_____

56. What are your goals for the future? What will you need to meet your goals? _____
_____
_____

57. How often do you see staff? Do you see just one person or a team of people? _____
_____
_____

58. Did staff appear to be knowledgeable about community resources? _____
_____
_____

59. Did staff help you find:
❏ Housing
❏ Shelter
❏ Employment
❏ Health services
❏ Benefits
❏ Substance use disorders treatment
❏ Other (specify)

60. Are you involved in developing your treatment plan?
❏ Yes
❏ No

61. Are you involved with program decisions?
❏ Yes
❏ No

62. Are you satisfied with the services you received?
❏ Yes
❏ No
Describe what you like and what would you like to be different. _____

63. Would you recommend this program to someone in need?
❏ Yes
❏ No

Appendix G: Client Satisfaction Survey

We want to know what you think about the services received in this program. Your answers to the following questions will assist us to improve our PATH services. Thank you for your time.

PATH Referral Date: _____

Today's Date: _____

1. Once I requested PATH services, I found out that my request was approved or denied

   ❑ The same day   ❑ The same week   ❑ 2 weeks or longer

   **If your request was denied, please skip to question three.

2. Once I was accepted into PATH services, I was able to use those services (e.g., rental assistance, security deposit, etc.)

   ❑ The same day   ❑ The same week   ❑ 2 weeks or longer

3. Staff at the program kept me informed about what was happening with my PATH request.

   ❑ Yes   ❑ No   ❑ I am not sure

4. Staff at the program assisted me in planning for my future (e.g., budgeting, understanding finances, etc.) in addition to providing PATH financial support.

   ❑ Yes   ❑ No   ❑ I am not sure

5. As a direct result of PATH services, my housing situation has improved.

   ❑ Yes   ❑ No   ❑ I am not sure

6. Staff at the program encouraged me to take responsibility for how I live my life.

   ❑ Yes   ❑ No   ❑ I am not sure

7. Staff at the program helped me obtain the information I needed, so I could make informed choices about my future.

   ❑ Yes   ❑ No   ❑ I am not sure

8. Staff at the program explained to me what PATH stands for and what the program is designed to accomplish.

   ❑ Yes   ❑ No   ❑ I am not sure

9. I liked the services I received from this program.

   ❑ Yes   ❑ No   ❑ I am not sure

10. I would recommend this program to a friend or family member.
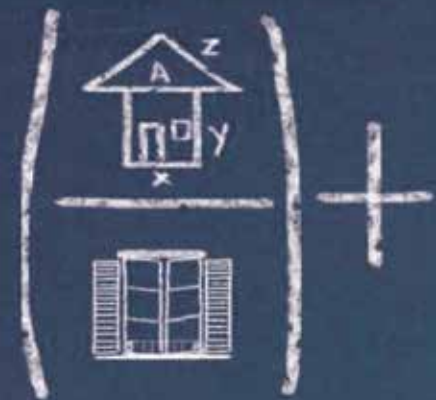
    ❑ Yes   ❑ No   ❑ I am not sure

    Comments: _____
    _____
    _____
    _____
    _____

Appendix H:
Glossary of Terms

|				
AWG	Administrative Workgroup		RFA	Request for Applications
CMHS	Center for Mental Health Services		RFP	Request for Proposals
ESG	Emergency Shelter Grants program		SAMHSA	Substance Abuse and Mental Health Services Administration
GPO	Government Project Officer		SF	Standard Form
GPRA	Government Performance and Results Act		SNAP	Supplemental Nutrition Assistance Program
HHS	U.S. Department of Health and Human Services		SNAPS	HUD's Office of Special Needs Assistance Programs
HIPAA	Health Insurance Portability and Accountability Act		SOAR	SSI/SSDI, Outreach, Access, and Recovery
HMIS	Homeless Management Information System		SPC	State PATH Contact
HHRN	Homeless and Housing Resource Network		SPCRC	State PATH Contact Resource Center
HUD	U. S. Department of Housing and Urban Development		SSDI	Social Security Disability Insurance
IUP	Intended Use Plan		SSH	Services in Supportive Housing
OMB	Office of Management and Budget		SSI	Supplemental Security Income
PATH	Projects for Assistance in Transition from Homelessness		TA	Technical Assistance
PHS	Public Health Service			

Appendix I: PATH Government Performance and Results Act (GPRA) Measures

The current performance requirements for PATH as specified under GPRA are as follows:

- » 3.4.15 Percentage of enrolled homeless persons who receive community mental health services (Outcome);
- » 3.4.16 Number of homeless persons contacted (Outcome);
- » 3.4.17 Percentage of contacted homeless persons with serious mental illness who become enrolled in services (Outcome); and
- » 3.4.20 Number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits (Output).

For each fiscal year, national targets are set for each GPRA measure, and the PATH program's nationwide performance is measured in comparison to these targets. Individual provider programs whose PATH Annual Report data indicates that they are below 80% of the target are asked to provide an explanation for their data. SAMHSA Government Project Officers (GPOs) may initiate conversations with State PATH Contacts regarding providers who consistently underperform on these measures. Technical assistance may be considered to assist the provider or state/territory in improving their performance on certain measures.

Additional information about PATH GPRA measures can be found in the Congressional Justification (http://www.samhsa.gov/budget).
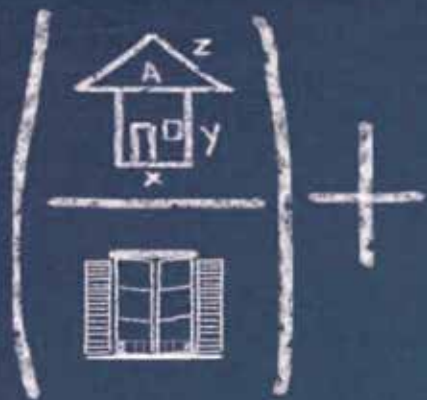
The *Moving Forward, Together* series was written by two consumers to inspire agencies, consumers, and advocates to work toward integrating people with experiences of homelessness into all levels of policy, planning, evaluation, and homeless service delivery. The series addresses consumer integration in the context of transforming systems and services to become more recovery-oriented, person-centered, and trauma-informed. Benefits and challenges to consumer integration are identified and practical guidance provided.

The *Moving Forward, Together* curriculum can be found on the PATH program website at http://pathprogram.samhsa.gov/Channel/Moving-Forward-Together-Integrating-Consumers-as-Colleagues-603.aspx.